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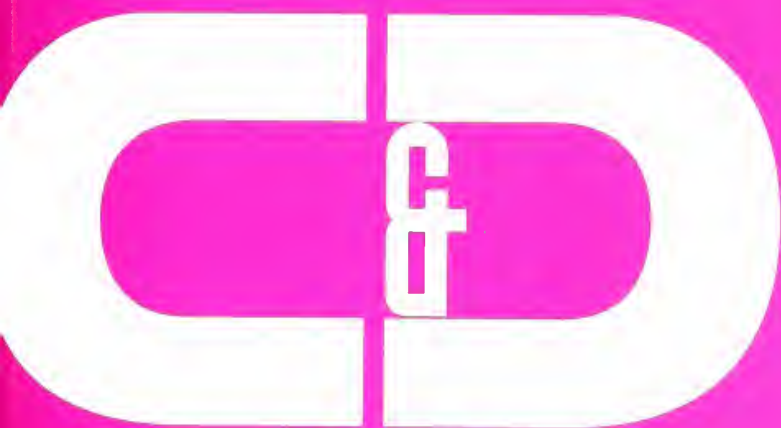
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Essential Product Information. Each tablet contains 200mg Ibuprofen and 12.8mg Codeine Phosphate. Indications: Symptomatic relief of mild to moderate pain including soft tissue injuries such as sprains, strains, and musculo-tendonitis, backache, non-serious arthritic and rheumatic conditions, also neuralgia, migraine, headache, dental pain and dysmenorrhoea. Dosage and Administration: Route of administration: Oral. Adults and children over 12 years: 1 or 2 tablets every 4 to 6 hours. Not more than 6 tablets in 24 hours. Not recommended for children under 12 years of age. Contraindications, Warnings, etc. Not to be used by patients with known hypersensitivity to any of the ingredients.

Reference 1: No. 1 recommended adult oral analgesic brand in Pharmacy. Taylor Nelson Sofres Counterpoint MA 1999.



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28 February 2004

**NPA: pay 'deal'
shows lack of
commitment**

**No respite from
violent attacks
on pharmacies**

**AU reports
16pc increase
in annual profit**

**Fin McCaul –
a pharmacist
in a hurry**



sensitivity to the active ingredients or a history of peptic ulceration. Use with caution in patients with a history of intestinal disease, receiving anti-coagulant therapy, or patients suffering from or with a history of asthma or allergic disease. If headaches become persistent the patient should be advised to consult a doctor. Legal Category: P. Presentation and RSP: 12 tablets £2.03 excl VAT, 24 tablets £3.74 excl VAT. P.L. Holder: GlaxoSmithKline Consumer Healthcare, Brentford TW8 9GS. Date of publication: January 2004.



All nasal decongestants contain preservatives Right?



Wrong.

The truth is, there is a modern nasal decongestant spray that

doesn't contain a preservative. Because research has shown that preservatives like benzalkonium chloride may cause sensitisation.¹

In Germany, researchers Deitmer and Scheffler concluded that a preservative-free formulation would

be preferred.¹ And in Germany preservative-free Nasivin has become a significant pharmacy product.

Now preservative-free Nasivin is here in the UK. Containing oxymetazoline, you know a Nasivin recommendation should be effective. But beyond that, customers will appreciate the fact that Nasivin is preservative-free, has just twice daily dosing, and can be used for up to 14 days continuously.



Preservative-free nasal decongestant

NASIVIN Presentation: 10ml Spray contains Oxymetazoline Hydrochloride Ph. Eur. 0.05% w/v. Indications: For the relief of nasal congestion associated with disorders of the upper respiratory tract including infective and allergic rhinitis, sinusitis, naso-pharyngitis and coryza. **Dosage and Administration:** Adults and children over 6 years, spray once into each nostril every 8-12 hours. Not recommended for children under 6 years of age. **Contraindications:** In patients known hypersensitivity to sympathomimetics. In patients receiving monoamine oxidase inhibitors or within 14 days of stopping such treatment. In acute coronary disease, cardiac asthma, hyperthyroidism, or closed-angle glaucoma. **Precautions:** Continuous therapy should not exceed two weeks. **NASIVIN** SPRAY should not be used in pregnancy unless considered essential by the physician. **Undesirable effects:** Prolonged use may cause rebound vasodilatation, chemical rhinitis. **Overdose:** No experience of overdose, but supportive measures would be the appropriate treatment. **Legal Category:** GSL. **Recommended Retail Price:** 10ml £3.45. **Product Licence Number:** PL 01932 / 0. **Product Licence Holder:** Seven Seas Limited, T/A Merck Consumer Health, Hedon Road, Marfleet, Kingston upon Hull, HU9 5NJ. **Date of Preparation:** Dec-03. **References:** 1. Data on File, 2000. Expert Report on the Clinical Documentation.





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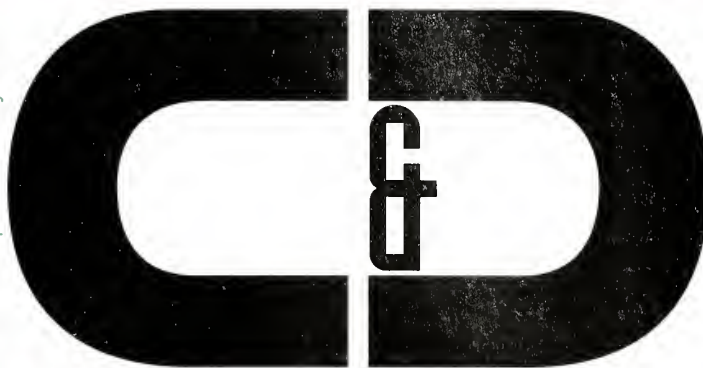
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NPA chief executive John D'Arcy blasts the Department of Health's latest pay award for community pharmacists as wholly inadequate, a pay cut for contractors, and failing to address prescription volume rises



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RPSGB president Gill Hawksworth (left) says lawyers have filed a defence to the claim brought by the SOS group and the Society has made an application for summary judgment

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An armed robber attacked a Lloyds pharmacy in Scotland at the same time as two other men stood accused in the Sheriff Court of robbing the same branch. Police have arrested a suspect

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The Department of Health wants drug manufacturers to focus on patient safety for medicines packaging instead of brand identity. Design is the key to reducing medication errors, claims a Design Council and DoH report

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Alliance UniChem has reported group turnover up 13 per cent to £8,799 million and operating profit up 16 per cent to £263.4m for 2003, ahead of market expectations, said deputy chief executive Geoff Cooper

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Pay award neglects script volume rise

by Gary Paraguri

gparaguri@cmpinformation.com

The Department of Health's latest pay award for community pharmacists fails to address prescription volume rises and represents a pay cut for contractors, the NPA has warned.

"It's a wholly inadequate offer and needs to be measured against the volume increase, which is running at between 5 and 6 per cent," chief executive John D'Arcy said after the DoH imposed a 3.225 per cent increase in the global sum for 2003-04 (*C&D*, February 21, p4).

"This highlights the problems associated with the current system, where there is a lack of any formulaic link between increases in script volume: essentially we just have to absorb those increases in volume for less than that increase in money."

Mr D'Arcy warned that if the DoH did not provide fair funding for the new pharmacy contract then it "will be rejected".

"The DoH has to speculate to accumulate: if it really does want pharmacy to deliver on all the fronts outlined in the *Vision* document and in *Pharmacy in the Future* before that, then it's going to have to make the upfront investment, otherwise we don't move forward," he warned.

Highlighting the DoH's decision to cut £200 million from the global sum by reducing the reimbursement levels of four generic drugs last December, Mr D'Arcy said the DoH was using its monopolistic position to "have its cake and eat it".

He added: "[Pharmacy] is becoming increasingly dependent on the NHS, everything it does is moving towards NHS-led

healthcare, so its ability to try and fund deficiencies on NHS

through OTC or sales of other goods is decreasing."

Pharmacists have their say on the global sum imposition

Dilip Patel, Camden: "It's the same money being redistributed in a different form. Whether they [independent contractors] will be able to provide the new services or not within the same budget, that's the bottom line. All the borderline ones probably will [close], especially in Camden and Islington. Lots of pharmacies here dispense the borderline number of prescriptions. I don't see how they are going to cope."

David Poile, Tonbridge: "[The pay award] is pathetic. The global sum won't cover the change from three-monthly to one-monthly

prescriptions. It won't affect me too much – we can cope with that."

N Patel, Covent Garden: "I feel let down. We get nothing from the Government anyway. It's just a service to the customers. If it wasn't for sales of OTC medicines and other products we would close."

Jeremy Clitheroe, Liverpool: "The imposition stinks. My personal view is that it will be the death knell for the new contract. This will trigger an avalanche of applications to close on Saturdays."

Pharmacists and GPs to forge closer links

The new contracts for both pharmacists and GPs will ensure closer working between the two professions, a senior BMA representative has said.

The new General Medical Services contract has major implications for pharmacists. Its nature, as well as the greater role it envisages for pharmacists, will undoubtedly have an impact on the new community pharmacy contract, Dr John Chisholm, chairman of the BMA's General Practitioner Committee, said at an All-Party Pharmacy Group meeting on Monday.

It was envisaged that pharmacists would have a greater role in managing minor self-limiting illness, in prescribing health promotion and in chronic disease management and the new pharmacy contract should reflect those expectations and facilitate those enhanced roles, said Dr Chisholm.



"Undoubtedly pharmacy will take on an extended role in the future, which will strengthen pharmacists' reputation and professionalism and that's a development I welcome and I believe most GPs will welcome too," he added.

Watford & Three Rivers PCT chief executive Felicity Cox said the NHS had failed to "harness the power of community pharmacists" over the past few years but said the new pharmacy

contract would address that. She urged pharmacists to think of ways of supporting the GP contract now and not to wait for the pharmacy contract.

APPG chairman Dr Howard Stoate however called for pharmacists to develop services above and beyond what GPs provide. "I want to see a real radicalism in pharmacy: I want to see pharmacists literally taking over some areas of medicine completely," he said.

'Use contract delay'

The delay in implementing the new pharmacy contract should be used to "iron out numerous imponderables", AAH Pharmaceuticals group managing director Steve Dunn has warned.

Following the decision to put the new contract back to October Mr Dunn said: "By then, community pharmacists are expected to develop new skills and services and radically change the way they run their business."

"It is a monumental step – calling for considerable investment when the real details of the new contract, including remuneration and return on investment, are shrouded in mystery."

He said the DoH's efforts to recalibrate the *Drug Tariff* for generics will take money out of the system without replacing it elsewhere, and fails to account for the fact that any profits on generics subsidise loss-making areas. This directly affects the income pharmacists can expect from NHS dispensing, he said.



Welsh Assembly promises pharmacy review soon

The Welsh Assembly Government has published a progress report on implementing the Welsh pharmacy strategy. But although the Assembly has committed to a wide-ranging review of the future role of community pharmacy and connecting pharmacists to the NHSnet, there are fears that the report does not go far enough.

The Assembly's Primary Care Division will commission a survey of pharmaceutical services, with advice from the NHS Welsh Pharmaceutical Committee, before the new contractual framework is completed.

Pharmacists' access to electronic patient records and the NHS intranet will be included in the programme for IM&T development in NHS Wales.

These proposals are among 10 areas of highest priority in the Assembly's latest report on *Remedies for Success - A Strategy for Pharmacy in Wales*.

Pembrokeshire Local Health Board chairman Chris Martin said: "I'm disappointed that the latest document hasn't got more clout. It still appears to give a wish-list without specifying time scales and costs."

When the original document was published, pharmacists thought they had a direction of travel, he said, but while some progress was being made it had been a long time coming. The new contract would probably be the lever for change, when pharmacy bodies would have chance to discuss exactly how the proposals could be implemented.

The responses of over 100 pharmacists have been analysed and compiled into action points published in the WAG's latest report.

The consultation document, published in 2002 made 50 recommendations affecting all areas of pharmacy.

Initially the aim was for an agreed strategy to be in place by 2003.

WAG listed investment in student technician training places and guidance to facilitate the introduction of OPD as being other high priority areas.

Society seeks speedy resolution to SOS action

by Gary Paragpuri

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The Royal Pharmaceutical Society is seeking a quick conclusion to its legal dispute with the Save Our Society group over the application for a new charter.

President Gill Hawsworth said: "Our lawyers have filed our defence to the claim brought against us by four individual pharmacists and we have made an application for summary judgment on the claim."

"An application for summary judgment is not a full trial; it is essentially concerned with whether or not a claim gives rise to a triable issue or whether it can be disposed of at an early stage." She added: "We have decided to proceed in this way because we believe it affords the best chance of a speedy resolution of the case which could save a great deal of time and money, allowing the



petition for a new Charter to proceed."

SOS campaigner Graham Phillips replied: "This seems like undue haste. We have a very substantive case and will be resisting any claim for summary judgement. It is important that the full facts are aired before the court, in order that a balanced judgement can be formed."

A court may give summary judgment against a claimant on the whole of a claim or on a particular issue if it considers



that the claimant has no real prospect of succeeding on the claim; and there is no other reason why the case should be disposed of at trial.

A favourable decision on an application for summary judgment on the whole claim would effectively bring the proceedings to an end. If the application were to fail, this would merely show that there was a triable issue and the matter would then proceed to a full hearing in the normal way.

Paisley pharmacy hit by 'copycat' armed robbery

by Fiona Salvage

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Armed robbers have targeted a Scottish pharmacy twice in nine months – the second time while the first suspects were in court for the original offence.

A man aged 20 to 30 years old used a weapon to demand cash from staff at a Lloydspharmacy in Neilston Road, Paisley, Scotland last month.

Police have arrested a suspect, in what the local police called a "copycat" incident.

Last year two men, one of whom was carrying a handgun according to the police, threatened the relief pharmacy manager and a dispenser. The men emptied the Controlled Drugs cupboard into a

bag and demanded that the staff hand over £230 from the till before the men left. The gun was not fired.

In Paisley Sheriff Court, one of the accused, James Haggerty, was cleared of the assault and robbery charge when his defence showed he was wearing dark trousers on arrest while the pharmacy's CCTV showed the robbers wearing jeans.

The co-defendant, Steven Milligan, changed his plea to guilty and was expected to appear in Glasgow High Court on February 27 for sentencing.

Since the first incident, Lloydspharmacy has employed a security guard and had already installed a panic button, which was used to alert the local police

who were able to respond quickly and detain the individuals.

SPGC chairman Frank Owens said: "Sadly such incidents are becoming all too commonplace. Whilst the deterrent value of CCTV systems is well recognised, even simple measures such as reconfiguring layouts, design of counters, screening and installation of 'panic buttons' can all help improve overall security."

Scottish PCTs have access to grants from a £2 million premises modernisation fund, but this money may disappear when Scottish PCTs dissolve at the end of March, Mr Owens warned. Contractors considering premises improvement should submit applications at the latest by mid-March.

PRACTICE

Harlow PCT updates anti-violence policy

Harlow PCT is reviewing its incident reporting system to ensure it encompasses all NHS workers including pharmacists.

Harlow Community Pharmacists Association had expressed concerns about the system following an incident where a pharmacist was assaulted.

Chairman Vipin Patel said the current reporting form was biased towards GPs and unsuitable for detailing pharmacy incidents.

Harlow PCT said: "The PCT takes violent incidents very seriously and we are committed to giving staff a safe working environment. We have a zero tolerance policy in place to protect staff, and realise that the way it presented at the moment does appear biased towards directly employed staff. The PCT is reviewing this so it encompasses all employees including independent contractors."

The PCT's clinical governance manager will visit all independent contractors working in the PCT including pharmacists, to assess security measures and needs.

A locum pharmacist at Moss Pharmacy in Harlow was verbally abused and punched last month after a patient caught shoplifting.

Moss has banned the patient and said it took violence in the workplace seriously and endeavoured to ensure staff safety.



NPA's secretary and registrar, Ann... is pleased to bring the first 10 supplementary prescribers to the attention of pharmacists, the unique way of approval by annotating the Register, this week. The first supplementary prescribers are now licensed to practice. Miss Owen said: "It is an exciting development for the profession. Supplementary prescribing by pharmacists will provide real opportunities for more effective delivery of treatment and care to patients."

Questiontime

Sponsored by



UniChem

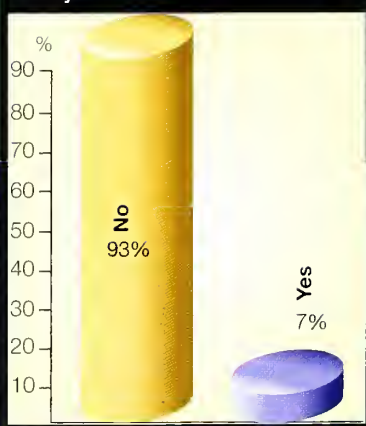
Last week we asked you: "In light of the DoH's pharmacy remuneration imposition, do you believe there will be fair funding for the new contract?"
You replied (see right):

This week's question: NPA chairman Hemant Patel believes all pharmacists should take an oath to uphold professional standards as clinicians. Do you agree?

● Yes ● No

You can record your vote on our website: www.dotpharmacy.com. You have until noon on March 2 to cast your vote. We will publish the results in C&D, March 6.

What you told us



ESPS payment

The payment for ESPS contracts in England and Wales has increased in line with the global sum increase. PSNC has announced.

The annual target payment for 2003-04 rises to £43,150 compared with £41,800 in 2002-03, while the ESPS threshold for 2003-04 rises to £26,100 from £24,360 in 2002-03.

The maximum monthly ESPS payment in 2003-04 is £3,110 compared with £2,990 in 2002-03.

The maximum monthly payment will be increased to £4,400 for March 2004 only and will then revert back to £3,110 for 2004-05 as an on account payment until next year's remuneration is finalised.

4head makes headline news!

"We've tried 4head and it immediately cools your head then amazingly seems to get rid of headaches."

DAILY Mirror

"my headaches disappear within fifteen minutes. I keep one in my bag and one on my desk"

"...it brings relief, often within 15 minutes"

Bella

marie claire

"The handy twisty stick is perfect to slip into a handbag - ..."

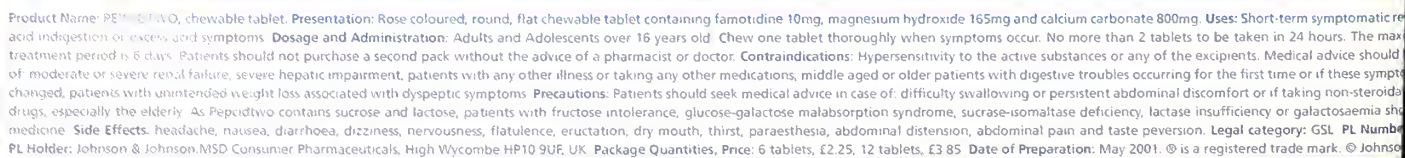
Slimmer



levomenthol

4head - everyone is talking about it!

An expert panel just found it.



Design key to error reduction

by **Fiona Salvage**

fsalvage@cmpinformation.com

Design is the key to reducing medication errors and improving patient safety, claims a Design Council and Department of Health report published this week. Alongside this the DoH wants to move away from a blame culture and towards learning from mistakes and near misses, chief medical officer Sir Liam Donaldson said.

"I want to see the number of reported drug errors go up, but the severity of these errors go down," he said. Most errors by healthcare professionals were the result of a "weak system", but those who acted negligently should still be held to account, he added.

Focusing on patient safety for medicines packaging instead of brand and identity is an area the DoH wants the manufacturers to concentrate on and develop. One of the report's authors, University of Surrey ergonomist Dr Peter

Buckle, said he hoped manufacturers would begin to consult with pharmacists over medication packaging.

He added that work with the National Patient Safety Agency was already investigating packaging and labelling for products such as methotrexate. An ever-ageing population will offer problems for manufacturers designing products, in addition to certain products used by people of all ages.

The NPSA launched a national error reporting system this week to tie in with the study. The National Reporting and Learning System is designed for healthcare professionals to report patient safety errors and systems failure to help the NHS discover the causes of problems and work quickly to implement changes.

The report suggested setting up

pilot projects to improve patient safety, of which one is to tackle poor medication compliance within the community – "in collaboration with a major pharmacy chain". The project's aim is to minimise mistakes, improve treatment efficacy and develop an integrated system uniting users, carers and manufacturers.

For more information:

www.dh.gov.uk

£15m for healthcare access pilots

Pilot projects to help the most disadvantaged patients access healthcare are to be set up in three Scottish NHS Board areas with £15 million in funding. The pilots aim to improve access to treatment for chronic heart disease and increase uptake of screening and prevention services.

Announcing the funding, health minister Malcolm Chisholm said: "We want to see innovative ideas for addressing unmet health needs and an improvement in access to NHS services by people living in our most deprived communities. This is one way in which the NHS can contribute both to improving health in general and, more importantly, tackle Scotland's health inequalities."

Each board will decide which pilot projects it intends to run in its area. The three boards are Greater Glasgow, which will receive £4m in 2004-05 and £8m in 2005-06, while both Tayside and Argyll & Clyde will receive £0.5m each in 2004-05 and £1m each in 2005-06.

£300k for minor ailments scheme

by **Asha Fowells**

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early 90 per cent of Nottingham pharmacies are participating in a minor ailments project that has secured £300,000 of funding over two years.

So far 48 of the 56 pharmacies within Nottingham City PCT have joined the *Pharmacy First* scheme, which allows pharmacists to supply a product from a limited list to patients presenting with headache, toothache, teething pain, sore throat, fever or earache.

A fee of £2.25 is paid per consultation as well as the cost of any medication supplied. Only patients exempt from prescription charges may register with the scheme, although pharmacists receive payment for all patients requiring a GP referral. Funding also comes from the PCT GP prescribing budget as the project aims to reduce GP workload.

A six-week audit of the initiative found that, of 646 consultations, over 97 per cent of patients received medication. Only six patients needed referral.

Project co-ordinator Pat Eden said: "We ran a very successful headlice project four years ago that was very much missed when it ran out of funding, so we knew GPs would welcome this with open arms."

"Pharmacists were initially worried about the amount of paperwork, but it has not been as bad as they were expecting."

Participating pharmacist Dharminder Singh of Cohens Chemist, Sneinton, said: "There has been a marvellous uptake from the local community. There is a headlice epidemic in this area and for patients to be seen in pharmacies without appointments makes it quicker for them and frees up GP time for more serious problems."

Europe calls for end to 'unjustified' restrictions

The European Commission has called for governments to abolish unjustified restrictions of competition in professional services, such as location and pricing.

Member states, professions and regulatory bodies should amend regulations that currently allow price-fixing and other anti-competitive measures, the EC said. This follows its proposal to encourage greater free movement of services across Europe (*C&D*, February 7, p6).

"Excessive licensing regulations" on advertising and premises location are both under fire from the Commission, but NPA pharmacy practice director Colette

McCreedy said that the effect on the UK will be "very little" as "it is already doing what the Commission is asking governments to do".

The Commission said restrictive regulations exist only "to protect the professions themselves from the healthy winds of competition and intends to explore with consumer organisations alternative ways of helping consumers find the service they want and judge its quality".



Alliance UniChem beat expectations with profits up 16 per cent

by Sasa Janković

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Alliance UniChem has reported group turnover up 13 per cent to £8,799.3 million for the year ended December 31, 2003. Total operating profit rose 16 per cent to £263.4m and profit before tax climbed 16 per cent to £209.9m.

Deputy chief executive Geoff Cooper said: "This is better than good as it is even ahead of market expectations."

The group estimates that the wholesale markets in which it operates grew by 6 per cent year on year. However, it claims generic prescribing continues to increase, reducing wholesale market growth as more expensive brands come off patent.

In the meantime, the growth of parallel trade was slowed by

efforts to restrict product supply in certain markets, patent expiry of some high volume products, the implementation by manufacturers of quota systems on products and the strengthening of the euro against sterling.

Mr Cooper said this had caused some difficulty because "the PI licence holders we rely on to supply us are restricted. This means sometimes we are unable to meet the demand from some of our customers who expect us to carry full lines".

In the UK, AU's wholesale turnover increased by 6.9 per cent to £1,931.2m, reflecting further gains in market share.

In April, it launched its Almus range of generic drugs and says reaction from pharmacists and patients has been very positive, with the range expanding to 70

out of a possible 150 products by the end of 2003.

In its retail division, including Moss Pharmacy in the UK, operating profit before amortisation of intangible assets was £79.3m, an increase of 20.5 per cent on the previous year, on turnover up 13.7 per cent to £1,107.4m. In the UK, retail turnover increased 9.4 per cent to £784.8m, with like for like sales growing by 6 per cent.

During the year, one new pharmacy was opened adjacent to a health centre and 33 pharmacies were acquired. The total UK chain, at December 31, 2003, comprised 816 pharmacies and 55 other healthcare related retail outlets. During the year, 67 branches were refitted and eight were relocated. Mr Cooper says relocations, refits and acquisitions



Geoff Cooper: "Our financial performance is in line with expectations"

will continue, albeit at a slower rate until the control of entry regulations are finalised.

Chief executive Stefano Pess said that, since the beginning of 2004, business performance has been in line with expectations.

Funding for pharmacy in East Midlands

A Government skills and funding programme backed by leading colleges and universities is set to boost technology and training for small and medium sized pharmacy businesses in the Midlands.

The initiative is made possible by the award of £2.4 million to East Midlands New Technology Initiative Ltd, made up of universities and further education colleges.

Businesses can apply to the

NTI for grants of up to £5,000 to use against 50 per cent of the cost of high technology equipment. Only firms which have been trading for a minimum of one year and operating in the health and bioscience sectors specified by NTI will be eligible.

Larry Goodyer, head of Leicester School of Pharmacy at De Montfort University, said: "The NTH Health and Bioscience Network has a very broad base including SMEs involved in areas

ranging from healthcare delivery to supply and manufacture. The network will provide much-needed support in training staff at all levels to make the best use of the recent advances in technology that ultimately will be of benefit to the local and national health agenda."

All grant applications must be received by April 30, 2004.

For more information:

Tel: 0116 257 7718

See p44 for more details

SUMMARY

Expanded EU means uncertain success

The EU expansion to 25 member states after May will offer the pharmaceutical industry access to relatively untapped markets, but there is still uncertainty over product success, according to a report from market analyst Datamonitor.

The report claims this could follow harmonisation of regulatory practice for product approval, pricing and reimbursement policies and economic disparities between the current 15 and the 10 new member states.

Dr Nick Wong, healthcare strategy analyst at Datamonitor said: "Although accession countries are currently integrating their drug regulatory IP and healthcare policies in line with those of the EU, companies must be cautious in launching products in accession markets without complete harmonisation. Disharmonised regulatory practice could impact the success of product launches post-accession."

For more information:

www.datamonitor.com

GSK to bid for Roche OTC arm?

GlaxoSmithKline is understood to be one of up to 10 possible bidders for Swiss rival Roche's over the counter medicines business. GSK is believed to be about to table a £1 billion bid for the business, best known here for its Rennie indigestion tablets.

But it could face competition from German group Bayer, as well as private equity houses such as Candover and BC Partners.

Nucare celebrates with 70th branded store

Nucare has opened its 70th branded store at Ruxley pharmacy in Ewell, Surrey, which is celebrating its 25th anniversary.

Ruxley's Purgent Patel said: "We intend to work closely with our local PCT to provide a range of diagnostic services, medication reviews and medicines management. The new contract means I can't rely on dispensing and OTC sales alone so we must embrace the challenges which lie ahead. Nucare's branding gets us

on the right road – we have already seen an upturn in customer footfall, OTC sales and browsing and impulse purchase."

Nucare has a target of 200 branded stores by the end of the year. Commercial manager Alan Turner said: "Our branding programme has proved consistently successful in terms of delivering business benefits to both Nucare members as well as increasing our company's visibility on the high street."

musculoskeletal pain headaches ear wax verrucas and warts

Look out for the important new four part series of colourful informative pharmacy assistants' guides to common conditions. There are prize draws too, with a choice of prizes. It's all starting in Chemist & Druggist on the 6th March

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Another bright idea
from Diomed.

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COUNTER

Pharma must align to prosper

by Sasa Janković

sjankovic@cmpinformation.com

Pharmaceutical companies will not become extinct, but it is time to think of new opportunities for the future, according to Sir Richard Sykes, rector of Imperial College London.

Speaking at *The Economist's* 10th Annual Pharmaceuticals Conference held a fortnight ago in London, the former chairman of GlaxoSmithKline added: "Although the global NME (new molecular entities) output continues to decline, I believe this is nothing more than a blip on the curve. However, industry sectors must become more aligned to create a new approach."

However, Roland Haag, vice-president of conference sponsor Booz Allen Hamilton, claimed the pharmaceutical manufacturing industry faces increasing pressure on its technical operations, some of which are "conflicting and go beyond cost control".

He said the best way to achieve excellence in pharmaceutical technical operations was "an

integrated master plan, based on trade-off analyses to deal with partly conflicting demands and objectives".

Brian Ager, director-general of Pharmaceutical Industries and Associations (EFPIA), agreed that "the European industry is at a crossroads" and called for a "stronger, European-based model for the benefit of the patient".

He cited the €90m cost of bringing a new medicine to the market, and said: "From a business perspective, Europe is regarded by most companies as a hostile and turbulent environment for pharmaceuticals. The market failure in Europe is contributing to a serious decline in its effectiveness."

Celltech's chief executive Göran Ando talked up the evolving role of biotechnology, which he claimed was an "increasingly important source of innovative new medicines". He added: "Pharma expertise is necessary to optimise primary care opportunities, and companies with flexibility to accommodate partners' needs will ultimately prosper."

Lambeth OUTLOOK

What's in a catchphrase?

Love or hate it, the soundbite is here to stay suggests Beverly Parkin, director of public affairs at the Royal Pharmaceutical Society

"I am a doughnut" was the reputed translation of the catchy concluding remark of John F Kennedy's famous address to the people of Berlin in 1963. While "*Ich bin ein Berliner*" was perhaps not the finest political catchphrase for JFK to adopt, it was at least memorable.

In this day and age, when politics tends much more towards the managerial, passionate or dramatic oratory seems to be a lost art. Politicians are so sensitive to accusations of spin that anodyne statements tend to be the order of the day. Fight them on the beaches? I think not.

Interesting quips and quotes do happen but, more often than not, at smaller, less public gatherings, where Parliamentarians feel they can stray from the official brief without doing too much damage.

One former minister who carried this out with aplomb at an event a couple of weeks ago was Peter Mandelson. Love him or loathe him, Mr Mandelson really got stuck in, defending the prime minister: a lone voice in a mob of critics. Mr Mandelson's speech outed the "oppositionist left", those rebellious MPs who consistently vote against the Government. Branding them as a group who were fundamentally disappointed by power, he said they would be happier back on the opposition benches. Pretty strong stuff from the self-proclaimed midwife of New Labour, and make no mistake, the battle for the soul of the party has now started in earnest.

The end of the meeting showed how, in politics, meticulous stagecraft is crucial. Trooping off to the after-speech reception, all the loyal New Labourites had to pass through another political bash and up the stairs to get to their designated venue. Who was the other reception for? None other than Steve Norris, Tory candidate for London Mayor who was evidently delighted by the influx of Blairites to his party. Faces were redder than the Labour rose.



Of course political seniority will ensure that your pronouncement, especially the radical ones, get airtime. Further down the pecking order, this only tends to happen when a junior minister makes a gaffe. Rosie Winterton is an exception to this rule. While some may not agree with her policies, there is no doubt she has warmed to her brief and is beginning to think outside the prescribed box.

At a recent event on the future of community pharmacy, Ms Winterton came up with two catchphrases for the profession. Describing the need for pharmacists to play their part in maximising capacity in the NHS, she described the current predicament as an "all hands on deck" situation. In the context of the meeting it was clear that the Department of Health, more perhaps than ever before, views pharmacists as a key resource in its struggle to bring the NHS up to standard.

Her other phrase was that pharmacists provided a "here and now" service within the NHS. In this sense, this encouraging comment builds on Alan Milburn's much publicised quote that community pharmacists are "clinicians not shopkeepers".

Ms Winterton's supportive public pronouncement in response to the critical *Which?* report further underlined the Government's confidence in pharmacists' skills and service. This proactive attitude, and her tendency to speak off the script about pharmacists, is good news.

Coming Events

MARCH 1

RPSGB East Northern Scottish Branch

Joint meeting with Moray & Banff Branch on *Current pharmaceutical affairs*.
Speaker – Olivia Timbs, editor, *PJ*.
At Ramnee Hotel, Victoria Road, Forres; 7.30pm (dinner afterwards; exact numbers required if dining).

MARCH 2

RPSGB East Kent Branch

Meeting on *New Medway School of Pharmacy*, at Howfield Manor Hotel, Chartham Hatch, Canterbury.
Light buffet at 7.30. Speaker, Sian Howells of Medway School at 8pm.

MARCH 4

RPSGB South Cheshire Branch

Meeting on *Drugs in sport*.
Speaker: Prof David Mottram, Professor of Pharmacy Practice, LJMU.

INDUSTRY

Akzo Nobel to cut 350 more jobs

Akzo Nobel's Diosynth pharmaceutical ingredients manufacturing business is restructuring its chemical synthesis operations worldwide and reducing its workforce by 350. These cuts will see the closure of its production site in Mexico and the loss of 100 jobs in the Netherlands and 75 at its Buckhaven site in Scotland.

Akzo board member Toon Wilderbeek said: "Cost-cutting is one of the pillars of our strategy to fix Pharma. We are experiencing a structural decline in demand at Diosynth and we have to address this accordingly."

The reorganisation will mean the transfer of some products from Mexico City and Buckhaven to Akzo's multi-purpose chemical sites at Apeldoorn and Oss in the Netherlands.

She wants pain relief... not an asthma attack



Many asthmatics do not realise that OTC pain relievers may affect their condition.¹⁻³ Aspirin sensitivity affects around 20% of asthmatics⁴ and can potentially result in life-threatening reactions.³ It is now widely accepted that patients sensitive to aspirin are usually cross-sensitive to other non-steroidal anti-inflammatory drugs (NSAIDs).¹ This includes ibuprofen,¹ which is contra-indicated in aspirin-sensitive asthmatics.⁵ In contrast, paracetamol, the active ingredient in Panadol, is seldom associated with these reactions*¹ and is not contraindicated for aspirin-sensitive asthma.⁵ That's why paracetamol is regarded as a suitable alternative to NSAIDs in aspirin-sensitive asthmatics.¹

So the next time she needs pain relief, why not take care to recommend Panadol?

* About 6.5% of aspirin-sensitive asthmatics are cross-sensitive to paracetamol⁴, but the risks are less than with aspirin or NSAIDs and the reactions are usually milder and of shorter duration.⁶

References 1. Jenkins C. *Am J Ther* 2000; **7**: 55-61. 2. Lamb C. et al. *Pharm J* 1995; **254**:802-4. 3. Szczelik A. et al. *Am J Ther* 2002; **9**:233-43. 4. Jenkins C. et al. *BMJ* 2004; **328**: 434-437. 5. *BNF* 46 Sept. 2003 pp480-81 & 208. 6. Settipane RA et al. *J Allergy Clin Immunol* 1995; **96**:480-5.

Panadol Tablets. Product Information. Presentation: Each tablet contains Paracetamol Ph Eur 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, neuralgia, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** Adults and children, 12 years and over: Two tablets up to four times daily. Not more than 8 tablets in 24 hours. **Children 6-12 years:** Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctor's advice. **Children under 6 years:** Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctor's advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers from persistent headache should consult a doctor. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash, very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category** 16s, GSL, 32s P. **Product licence number:** 00071/5074R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compact 16s £1.99, Carton 16s £1.85, 32s £3.15. **Date of last revision:** December 2003. Panadol is a trade mark of the GlaxoSmithKline group of companies.

Last week's question was: In light of the DoH's pharmacy remuneration imposition, do you believe there will be fair funding for the new contract?

"No. Quite simply the DoH is riding roughshod over us. I hold out absolutely no hope for the new contract"

Narendra Chauhan,
Smethwick

"The answer is no because that's the way it's always been"

Bhupinder Roopra,
Slough

"Past record shows that it is probably not going to be what most community pharmacists would think of as reasonable"

Chris Nicholls,
Hadlow

Comment

from the Editor

The NPA has come out strongly this week in criticising the pay imposition of 3.225 per cent for 2003-04 for contractors in England.

Representing pharmacy business owners, the NPA rightly has concerns that pharmacists again are getting a poor deal, if 'deal' is the right word. The basic argument, as ever, is that for the umpteenth year the volume of dispensing, in other words the workload, has risen above inflation and very much above the level of remuneration that the DoH thinks is fair.

The pay imposition is a cut in real terms, especially as the 11-month delay in announcing the remuneration package wipes out any above-inflationary element the settlement supposedly includes.

Of course, there will be those who say pharmacists are not doing too badly out of the NHS. But surely it is the NHS which is doing rather well out of contractors? Who provides the premises, who invests in the stock, who trains support staff, who negotiates the best

prices on stock to help keep the drugs bill down? How much would the real cost to the NHS be if it had to take all this into account?

Pharmacists should not lose sight of the fact that the new contract should address the inadequate method of funding based on items dispensed. But it will be difficult to persuade them that whatever is proposed will be fair. The Department of Health needs to demonstrate that it is looking at this carefully and that it will not be a case of shuffling round the monies in the current system and giving them a new name. If it doesn't, contractors will unite in rejecting it.

... it will be difficult to persuade them that whatever is proposed now will be fair

Your views

'Luddites' should withdraw legal action and talk

What patronising nonsense Graham Phillips *et al* wrote (*C&D* February 14, p12) along the lines of: "We're really sorry to have caused such a mess, it wasn't really our fault, we had no alternative and there's nothing in it for us personally." (Is there any suggestion that personal gain is in the minds of Council members?)

Well of course there was something they could have done. They could have resisted the need for self-publicity, the need to damage the reputation of our profession, and not done it.

How crassly naive to believe that only Council members who vote for a course of action can be responsible for that action. Council decisions have always been of the corporate/cabinet type and the decision to seek a new

Charter was that of the Council, not just a part of the Council.

My advice to those who by their cavalier attitude and careless disregard of the damage they are doing to the profession they claim to hold in high regard is, grow up about democracy. They are truly wreckers. This whole issue must be resolved in a grown up way and not like spoilt children.

I believe that a mature debate around a table, without macho posturing, and probably in private to avoid grandstanding or the hysteria of Special General Meetings, just might produce results.

To do this the four musketeers will have to withdraw their High Court application, show some maturity and trust whoever chairs the meeting, and the

Council, to get agreement.

Without this, the Section 60 order will be framed (and very soon) without regard for our Charter and the Charter will meekly follow.

Alternatively, a beefed-up Charter, strengthening our professional leadership role, building on our deservedly high reputation, will ensure that it will follow the Charter. That protection from Government interference which these misguided Luddites would have discarded.

Do it the right way round in language that a modern Privy Council and Government can live with and everyone's a winner: public, government, and pharmacists.

Peter Curphey,
Ballaugh Glen, Isle Of Man.

BlackBAG

Stop cloning around

Korean and American scientists have grown a cloned human embryo to 100 cells. This is significantly more than the average politician's brain so we are already ahead on points. All we need now is to put a fully formed neural crest up for local election and hey presto, instant promises for the NHS.

Dr John Reid, health secretary, is a wise man; his brain constitutes significantly more than 100 cells. We can measure this from his acceptance of what health professionals have said for years; targets only produce dart board results and these seem to get better as the thrower downs his final pint of lager. Meanwhile there is a wasteland of opportunity.

On Valentine's Day, the BMA released its report on smoking and fertility. As most men light up following rather than before sex, this may be a case of locking the stable door after the horse has turned into Shergar meat pies. It was met with incredulity.

"Surely not, Dr Banks?" I was challenged by the BBC Five Live Drive team. "There are whole

On Valentine's Day, the BMA released its report on smoking and fertility

estates of people who smoke with 13 children." True, and there are also more lonely sad bachelors on these estates as well. Tobacco gave us such promises. "You're never alone with a Strand." Well, at least until your lungs make a surprise visit onto the dinner table at the Savoy.

Medicine, like politics, offers more than it can deliver. With each day's 'huge leap forward' the queue outside the morning surgery grows. Yet people are cleverer than either politicians or health professionals give them credit for, giving their verdict of trust by voting with their feet. Sadly, the politicians are taking us down with them: a sort of 'cloning by proxy'.

Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

Any spare change guv'nor?

Ten pence is such a small sum of money today that I'm the only one in my family who considers the silver coins worth rescuing from down the side of the sofa.

The coin can lie in full view on the sitting room floor for weeks and no one deems it worth their while to pick it up. Depending on your pub, it may just purchase a box of matches, but 10p will no longer buy a bar of chocolate or even half a cup of tea.

So does anyone really care that the script charge is going up to £6.40 on April 1? The Government does, because millions of the little coins eventually add up to thousands of pounds. I do, because it makes extra work for me and I'm collecting extra cash that could be put to better use (like increasing the global sum for example).

Everyone expects taxes to rise and most will not be surprised at the increase. But there is no doubt

that, to some people, £6.40 is a significant sum of money. My children would dive straight under the sofa cushions if they thought that much cash was there.

The prescription charge has a negative impact on healthcare, deterring asthmatics from collecting their steroid inhaler and hypertensive patients from taking their diuretic. And any short term savings to the drugs bill here are offset by longer term costs elsewhere in the NHS.

When I consider what else one can buy for six quid I can imagine a patient's dilemma: "Shall I pay for this brown inhaler that doesn't seem to work/these water tablets that don't make me feel any different, or shall I spend the money on: a) a packet of cigarettes, b) two bottles of wine, c) a video and some popcorn or d) a return bus ticket to Wales?" Perhaps all those extra shillings would be well spent on health education.

How much longer will we keep taking the medicine?

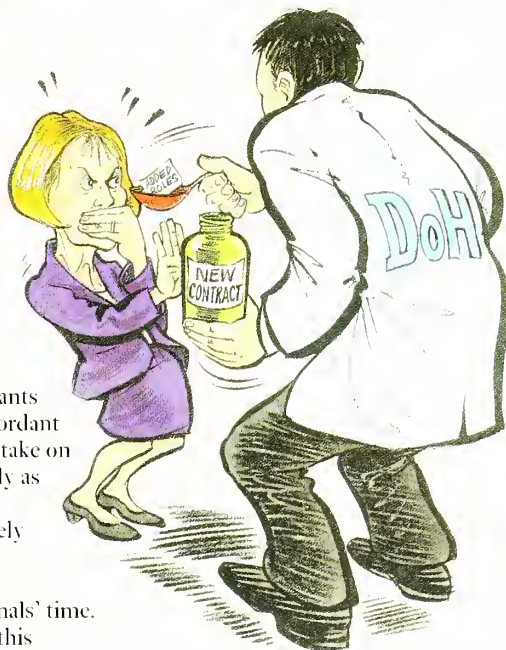
The Department of Health has sponsored some excellent work on the subject of concordance and how it can improve compliance. The theory is that if patients understand and accept their diagnosis and proposed treatment, they are more likely to take their medicine as prescribed and consequently save the NHS millions of pounds in wasted medicines.

This year's pay imposition makes me wonder if any of these civil servants read the research that they fund. If the Department wants compliant pharmacists they must have a concordant pay discussion. Most pharmacists are keen to take on board their new contract, but are probably only as enthusiastic about it as the Government.

Let's face it – the new contract will ultimately save the NHS a lot of money, however much pharmacists are paid, as we take on additional roles and free up other (better paid) professionals' time. It is in the Government's interest as much as this profession's that our new contract works well and for this to happen pharmacists must be compliant.

I do not believe that the DoH has properly addressed PSNC's concerns about this medicine. While everyone agrees with the diagnosis of a new contract, Sue Sharpe's quotes make it clear that we do not agree with the treatment. No pharmacist will view this pitiful pay rise as a medicine they want to take because the side effects are obvious.

Demoralised pharmacists will not be effective healthcare professionals and many will ultimately go out of business. Their non-compliance would mean that more medicine is wasted and make additional treatment necessary. More worrying still, the cost to the profession could be an avoidable illness and even death.



Develop your potential

That was the message to come out of the National Association of Women Pharmacists' study day last week looking at women in public life. Christine Heading was there

To the question: "Have you ever had the opportunity to contribute to public life?" the answer for pharmacists is a categorical "yes".

This was the lead message from the National Association of Women Pharmacists' Women in Public Life workshop in London on February 17. Both pharmacist and non-pharmacist speakers emphasised that the opportunities for professional women and men seeking public appointments have never been greater.

The demand for lay and non-executive members of bodies is high among those working to improve their standards of corporate governance. Specifically, such bodies include charities, trusts, government organisations and agencies, educational governing boards, commercial companies and professional councils.

The decision to stage the workshop was taken in 2003, while many pharmacists were debating the issue of 'lay membership' of the RPSGB Council. Feeling that the debate was becoming somewhat introspective, NAWP decided to address the reciprocal issue of how pharmacists could get themselves appointed to non-pharmacy bodies.

The idea was, in part, prompted by an unfunded initiative from the Department of Trade and Industry, but also fulfilled NAWP's commitment to help its members develop their personal potential both inside and outside health and welfare-related spheres. Although all pharmacists deserve support in any effort to contribute to public life, it is women who historically have been under-represented. Hence the focus of the workshop.

Opening the meeting, Madeleine Keyworth (chairman

of Doncaster and South Humber Healthcare NHS Trust), who was chairing the event, emphasised that candidates need no longer wait to be sought out and invited to contribute. An array of websites, publications and newspapers advertise vacancies or invite expressions of interest. No one should feel reluctant to put themselves forward or let it be known that they are seeking an opportunity. The appointment procedures may be tedious and long drawn out, but they are increasingly transparent. Inevitably candidates will face some failures, but so long as they are sufficiently resilient, they should succeed in the end.

The openness and transparency of appointments view was endorsed by Phillida Entwistle (RPSGB Privy Council nominee)

"Although all pharmacists deserve support in any effort to contribute to public life, it is women who historically have been under-represented"

who herself has held a range of appointments of the type under discussion. Like the other speakers, she had witnessed a transformation in the way appointments are made and felt that pharmacists were in a strong position to take advantage of the present position.

There is no doubt that the UK government is committed to increasing the participation of women in public affairs, despite the miserably low percentage of MPs, cabinet ministers and 'People's Peers' who are women. Most government agencies and commissions in the UK have target quotas of 35-50 per cent



female membership which require to be met within a few years. In consequence, although appointments are always made on merit, women may find it easier than men to get considered.

Sally Lau (WCPPE tutor) reviewed her role and experiences as a general commissioner of income tax. Unlike special commissioners, GCs are unpaid lay appointees who hear appeals against the Inland Revenue by private individuals and some small businesses. Many aspects of GCs'

and public liability companies, and confirmed the extensive demand for professional lay or non-executive members. In these fields, it is especially important for candidates seeking appointment to exercise 'due diligence' in checking the financial probity and expectation of the organisation.

The future prospects of some government agencies also need to be checked out before involvement. Additionally, candidates should check their suitability by personally evaluating their skills, qualities and ambitions.

It was clear among speakers and attendees that the time had come for pharmacists to seize their place alongside other profession and focus on broader aspects of the public good.

Qualities of integrity, reliability, intelligence and experience are highly sought after. To those who might feel too old to enter public life, the message was one of encouragement. Although some bodies will not appoint individuals over 60, many will appoint up to the age of 65 and some will go beyond. Bodies tend to protect themselves against signs of 'age related cognitive decline' by regular appraisal of appointees.

Anyone (male or female) wanting access details for information or opportunities should contact: enquiries@nawp.org.uk or send SAE to Dr Christine Heading, 11 Kingsend, Ruislip, Middx HA4 7DD.

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Reference:
 1. Bakshi R. *et al* Curr Ther Res 1992; 52: 435-442

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 NOVARTIS

Mark Greener explains how the immune system is involved in some adverse drug reactions

Drug hypersensitivity



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1295), in association with multiple choice questions being published in C&D March 6, provides one hour's continuing education

- To know the different types of ADR
- To be aware of risk factors for hypersensitivity
- To know how to recognise hypersensitivity reactions
- To know the steps to manage hypersensitivity reactions
- To know the diagnoses undertaken to identify drug allergies

Pharmacologists are still searching for the elusive magic bullet – a chemotherapeutic that affects diseased tissue without collateral damage. Indeed, between 5 and 15 per cent of prescriptions lead to adverse drug reactions (ADRs, so termed adverse drug events) and ADRs account for around 10 per cent of hospital admissions.^{1,2}

ADRs range from the almost inevitable and predictable (based on the drug's pharmacology) to the rare and unpredictable. This article reviews one class of adverse event: the hypersensitivity reactions that involve the immune system and can account for up to 10 ADRs.

Between 75 and 80 per cent of ADRs are predictable based on the drug's pharmacology, such as receptor binding or pharmacodynamics. These include:

- 'dry mouth' associated with anticholinergics
- 'peripheral stimulation' effects of antimuscarinics
- Thrush during antibiotic treatment

- Methotrexate liver toxicity
- Most drug-drug interactions, such as those associated with theophylline p450.¹

Between 10 and 20 per cent of ADRs are 'unpredictable' and arise through pathways that do not involve the immune system, for example:

- Pseudoallergic reactions. Certain drugs, such as opiates or neomycin, directly trigger mast cell degranulation and so the symptoms mimic type I hypersensitivity (see below).

- Some people express genetic profiles associated with ADRs. People expressing the X-chromosome-linked glucose-6-phosphate dehydrogenase (G6PD) deficiency are susceptible to haemolytic anaemia when they take, for example, primaquine, sulfones, sulfonamides, nitrofurans, vitamin K analogues and chloramphenicol. The deficiency evolved to protect against malaria. But when the patient takes certain drugs, the G6PD deficiency increases the oxidative stress inside the erythrocyte, resulting in haemolytic anaemia. However, G6PD deficiency arises from multiple genotypes and not everyone experiences this reaction.

- Sometimes adverse events that usually occur at high doses can occur with a very low dose of a drug. This is described as intolerance, for example, aspirin-related tinnitus can occur in some people after a single dose.

- Some reactions are termed "idiosyncratic". These are not readily explained by current knowledge. As our understanding of ADR mechanisms and genotypes increases, fewer and fewer reactions are truly idiosyncratic.¹

This article focuses on the 5 to 10 per cent of ADRs associated with hypersensitivity reactions in which the immune mechanism involves antibodies or T-cells. The Gell and Coombs classification encompasses many of these mechanisms (see box 1).

Type I hypersensitivity or "allergic" reactions involve IgE that triggers the release of



Rash on the legs of an 80-year-old man caused by an allergic reaction to the antifungal drug terbinafine. This drug is used to treat common fungal infections of the skin. Severe allergies may be treated with corticosteroid drugs, and the substance responsible for the allergic reaction should be avoided

inflammatory mediators from mast-cells. The mediators – such as histamine, cytokines and prostaglandins – produce symptoms including urticaria, vasodilation and bronchoconstriction. Penicillin allergy is a common example of a type I reaction.¹

Type II hypersensitivity reactions, also called cytotoxic or

cytolytic events, occur when IgG or IgM bind to antigens on, for instance, erythrocytes and platelets. Macrophages, neutrophils and eosinophils then bind to and lyse the cell. Methyldopa-induced haemolytic anaemia and thrombocytopenia associated with quinidine are

Continued on page 22 ►

classic type II reactions.¹

Type III reactions (serum sickness) also involve IgG, but this time against soluble serum antigens. The complex precipitates in, for example, the lungs, joints, kidneys and skin, attracting macrophages, neutrophils and platelets, which damage the tissue. Sulfonamides, penicillins and some anticonvulsants are among the drugs that can cause serum sickness.¹

Type IV, also called cell-mediated or delayed hypersensitivity reactions, occur when the antigen complexes with a protein carrier and activates memory T-cells. The cytokines released when these T-cells encounter the antigen activate inflammatory cells. Contact dermatitis and hepatitis associated with halothane are examples of type IV reactions, which can be further sub-classified depending on the predominant cell type (see box 2).^{1,4}

Some hypersensitivity reactions fall outside the Gell and Coombs classification. For example, sulfonamides can cause a morbilliform rash (see below) that arises from the activation of specific T-cells. Drug-specific T-cells modulate skin inflammation by releasing cytokines – such as interleukin-5 and interferon – and chemokines, including interleukin-8 (see *C&D Pharmacy Update*, June 21, 2003, p17-20; July 12, 2003, p17-18).⁴

Epidemiology

It's difficult to estimate the scale of the problem posed by hypersensitivity reactions, partly because of difficulties in making a clear diagnosis. Few centres have the facilities to investigate fully cases of drug allergy and there are few reliable objective tests (see below). Spontaneous ADR reporting using the yellow card system could be as low as 10 per cent, especially for allergy and anaphylaxis.⁹

Nevertheless, we can estimate the incidence of serious hypersensitivity reactions. A study from The Netherlands found 40 to 50 cases of drug-induced anaphylaxis each year between 1974 and 1994, from a population of 15 million. A total of 21 people died as a result – roughly one a year – from drug-induced anaphylaxis. The UK population is some 60 million. This suggests that every year around 200 people develop drug-induced anaphylaxis and four die as a result. But this is likely to

Box 1: Gell and Coombs classification of drug hypersensitivity reactions (based on Reid¹)

Type	Mechanism	Examples of symptoms	Timing *	Example
I	Drug-IgE complex triggers mast cell degranulation	Urticaria, angioedema, pruritus, bronchospasm, anaphylaxis	Minutes to hours	Penicillin anaphylaxis
II	IgG or IgM against, for instance, erythrocytes and platelets	Haemolytic anaemia, neutropenia, thrombocytopenia	Varies	Haemolytic anaemia with penicillin
III	Tissue deposition of drug-antibody complexes, which activate complement and promote inflammation	Serum sickness, fever, rash, arthralgia, urticaria, vasculitis	1-3 weeks	Serum sickness with antithymocyte immunoglobulins
IV	MHC (major histocompatibility complex) presentation of drugs to T-cells	Allergic contact dermatitis; maculopapular drug rash **	2-7 days	Contact dermatitis with topical antihistamine

*Post-exposure **Putative mechanisms

underestimate grossly the scale of the problem.⁶ Clearly, pharmacists can help by using the yellow card system to report events.

Risk factors

Several patient-related factors increase the risk of hypersensitivity reactions:

- adults are more likely to develop hypersensitivity ADRs than children;
- women are twice as likely to suffer allergic ADRs as men;⁵
- concomitant viral infection, including HIV;
- systemic lupus erythematosus;
- patients taking beta-blockers;
- atopic people are more likely to develop serious sequelae including anaphylaxis;¹
- type IV skin reactions to anticonvulsants, antibiotics and antihypertensives seem to be more common in patients with blood, hepatic, renal and other diseases;⁶ and
- genetic factors: for example, the HLA B7DR2 DR3 phenotype may predispose to insulin allergy. Furthermore, slow metabolism by N-acetylation may predispose to sulfonamide reactions, particularly in patients with HIV infection.⁵ In the future, doctors will be able to "scan" the patient's genome for genes that predispose to some ADRs. This toxicogenomic approach is currently being validated in clinical trials.

Certain drug characteristics seem to increase the likelihood of hypersensitivity reactions:

- Topical, intramuscular and intravenous drugs are more likely

than oral medications to induce hypersensitivity reactions.¹ IV administration tends to be associated with the most severe reactions.⁵

- Large biopharmaceuticals – such as streptokinase, vaccines and insulin – can act as direct antigens.³ With the growing number of biopharmaceuticals, these medications are likely to become increasingly important causes of hypersensitivity.
- Most drugs are smaller than biopharmaceuticals and should, normally, evade immune recognition. However, some small drugs can complex with albumin or other carrier proteins to form a hapten, which acts as an antigen.¹ Penicillin forms haptens.
- Some drugs – such as succinyl choline – are bivalent. In other words, they can cross link receptors, which can trigger immune responses.⁵

Signs and symptoms

Hypersensitivity reactions can manifest as numerous symptoms (see box 1). Many patients present with skin reactions, for instance: ● Morbilliform rashes, the most common skin reaction, are characterised by an erythematous, maculopapular rash that appears within one and three weeks of the start of treatment. The rash begins on the trunk and spreads to the limbs.

- Contact dermatitis and eczema resulting from topical medication.
- Stevens-Johnson syndrome and toxic epidermal necrolysis present as blisters on the skin and mucous membranes and need prompt

treatment to avoid morbidity and even mortality.

Some dermatological drug reactions can be difficult to recognise. Skin hypersensitivity reactions can mimic, for example, exanthema, neoplasia, bacterial infection and psoriasis.⁷ Only around 10 per cent of drug-induced rashes result from allergic mechanisms, that is, those involving IgE.⁵ So pharmacists should refer all patients they suspect of suffering a hypersensitivity reaction to the GP.

Three clinical clues might lead community pharmacists to suspect a patient has developed a drug hypersensitivity reaction:

- the symptoms should be consistent with an immunological based drug reaction
- the drug is known to cause these symptoms
- the time between the drug exposure and the symptoms' appearance is consistent with a hypersensitivity reaction.

The latter point is probably the most important. So it is essential to take a detailed history, including talking to anyone who witnessed the reaction.⁶

Hypersensitivity reactions tend to emerge between one week and a month of exposure to a drug. However, symptoms may occur more rapidly if the patient was previously sensitised. So you should ask about previous reactions and exposure.¹

Pharmacists should also enquire about any alternative treatments: herbal remedies and aromatherapy products can both produce hypersensitivity

actions, for example. Indeed, oral medications can cause delayed skin reactions that can progress to potentially serious allergic manifestations involving the mucous membranes.⁶

Diagnosis

The diagnosis of hypersensitivity reactions is based predominately on clinical signs and symptoms. However, laboratory and other tests can help in some cases. Pseudoallergic reactions are not associated with IgE so can be distinguished from type I hypersensitivity using, for example, RAST (radioallergen sorbent test).¹ Regional centres may offer specific tests for IgE against some drugs, including amoxicillin, penicillin, cefaclor and meprobamate.⁶ Skin prick and patch testing may help identify the cause and may be especially valuable for suspected IgE mediated hypersensitivity to penicillin. However, patch testing for drug allergies is still under investigation. Moreover, false-positives and false-negatives can occur with skin prick tests. Specialist allergy centres can offer drug provocation, although this should be used only as a last diagnostic resort.⁶

Management

Removing the triggering drug and prescribing an alternative is the way to manage most hypersensitivity reactions. Penicillin is the drug most likely

to require alternatives in community practice. As beta-lactams can cross react with carbapenems, the latter are contraindicated. Second and third generation cephalosporins seem to be associated with a low risk of cross reactivity with beta-lactams – 5 per cent or less. But the consequences of anaphylaxis can be fatal, so it is best to avoid cephalosporins if the patient has shown hypersensitivity to beta-lactams.¹

It is worth remembering that some patients develop hypersensitivity reactions to excipients. For example, carboxymethylcellulose – a carbohydrate additive in some tablets and injectable hormone formulations as well as in active hydrocolloid dressings – can induce anaphylaxis when injected as part of parenteral corticosteroid preparations.⁸

And pharmacists should remember that patients could develop hypersensitivity to other vaccine components, such as residual egg protein, neomycin or polymyxin B used in manufacture.

Other treatment is, generally, symptomatic. For example, some patients benefit from oral corticosteroids. Topical corticosteroids and oral antihistamines may alleviate skin symptoms.¹ Pharmacists can encourage people with confirmed drug allergies to use MedicAlert bracelets or similar devices.

Pharmacists can educate patients about appropriate

management. About 10 per cent of the population claims they are allergic to penicillin and other beta-lactams, yet only about one in 10 of these are truly allergic.

Nevertheless, defensive medicine means that many patients receive unnecessary broad-spectrum antibiotics. This may contribute to antibiotic resistance.⁹

Molecular biology's increasing sophistication helps pharmacologists target drugs with ever-greater accuracy to receptor subtypes, reducing the risk of predictable ADRs.

However, hypersensitivity reactions arise from a complex interplay of endogenous (for example, genetic), physiochemical and disease-related factors. So it is harder to design drugs to avoid these ADRs.

It seems we still are some way from the magic bullet.

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Mark Greener, a former research pharmacologist, now works as a medical writer and bioscience journalist. He is the author of numerous articles and several books on health-related issues.

Actionplan

1. Think about the mechanism of all types of ADRs. Do you think that in the near future we will be able to predict the possibility of their occurring in specific patients? Will genomics be an answer? Should you know more about genomics?
2. Most drugs have many sites of action, which is the reason for most, if not all, predictable ADRs. In your practice workbook list the most common ADRs (mainly side actions) and their associated drugs. This list enables you to provide appropriate advice when handing out prescriptions (and OTC medicine) to patients: use it.
3. Skin reactions are common signs of ADRs. Revise the terminology and visual appearance of skin "eruptions" that may be the result of an ADR.
4. Record in your practice workbook any ADR you identify in practice. Should it be reported through the yellow card system? How many ADRs do you see in a month (including well established reactions)? Do you provide sufficient advice on their recognition and on how the patient should deal with them?
5. Some years ago the Consumers' Association (in *Which?*) reported that pharmacists failed to ask whether patients knew they were allergic to OTC medicines they recommended. Do you ask all your patients this question? If not, why? Is your reason acceptable?

Box 2: Subdivisions of delayed drug hypersensitivity reactions (based on Pichler)

Type	White cell responsible
Type IVa	Monocytes
Type IVb	Eosinophils
Type IVc	CD4+ or CD8+ T-cells *
Type IVd	Neutrophils

Type IVc may contribute to all type IV reactions.*

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 6 issue, which will cover this week's CPP-accredited module, together with that in the February 21 issue. These will cover:

Lupus (1294) • Drug hypersensitivity (1295)

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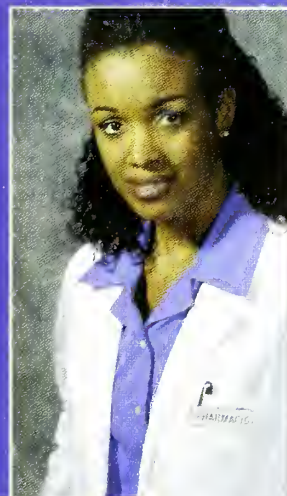
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Women forget to mention OTCs

Women take more medications than first thought, but might not remember to tell their pharmacist or doctor, putting them at risk of drug-drug interactions.

So say researchers from Minnesota University's School of Pharmacy in the latest issue of the *American Journal of Obstetrics and Gynecology*.

Over 560 women were interviewed on their medication usage. Of these, 20 per cent used more than one prescription medication and 39 per cent used more than four. In addition, 97 per cent of the women took at least one OTC medication and 59 per cent took more than four.

When asked about their medication usage, women often failed to mention medications prescribed to them by another

doctor, those they bought over the counter, or herbal medicines.

Lead author of the study, Professor Tim Tracy, said: "We really need to enquire better about patients taking herbal and over the counter medications. The care providers need to ask, and patients need to tell. Neither one is doing a good job."

He recommends pharmacists to be careful with phrasing their questions: "[Patients] don't always associate OTC and herbal products as medicines that need to be discussed with the healthcare professional. If time is limited, there should be at least three questions asked." Firstly, what prescription medications are you currently taking and for what purpose? Secondly, what OTC medications are you taking and for



Rephrasing your questions may tease out more OTC information

what purpose? Lastly, are you currently taking any herbal medications or products and what condition(s) are you taking them for?

Some women (2.3 per cent) were taking St John's wort

concomitantly with the contraceptive pill, risking unplanned pregnancies. Professor Tracy recommends that pharmacists should ask women of child-bearing age who are purchasing St John's wort if they have any questions about its usage followed by: "I need to remind you that should you be using birth control pills, St John's wort may reduce the effectiveness of the pill and thus using an additional form of contraception is advised."

Antibiotics were the most commonly prescribed medication (41 per cent took at least one antibiotic), another medication known to affect the contraceptive pill's efficacy.

For more information:

American Journal of Obstetrics and Gynecology 2004; 190: 351-7.

Aspirin-induced asthma

More adults and children have aspirin-induced asthma than previously thought, claim UK and Australian researchers.

They conducted a systematic review of available literature and found that 21 per cent of asthmatic adults and 5 per cent of asthmatic children suffered aspirin-induced asthma exacerbations.

Welcoming the research, the Aspirin Foundation said: "The overall interpretation suggests little change in the existing widespread use of aspirin as an effective household remedy for

pain, fever and inflammation. This last benefit is not one shared with all the other products in their review."

Consultant pharmacist Jeremy Clitherow said: "Looking at the results of this paper, I would encourage all community pharmacists and their medicine counter assistants always to check whether someone has asthma before recommending aspirin or other OTC NSAIDs such as ibuprofen. Paracetamol should be considered as the first line in treating asthmatics for pain and fever relief."

For more information:

BMJ 2004; 328: 434-7

Antiepileptic drug is found to be good for migraine

An antiepileptic drug is effective for preventing migraines, researchers from the USA have claimed.

Nearly 500 patients received topiramate 50mg, 100mg or 200mg per day. The groups at 100 and 200mg per day experienced statistically significant reductions in the number of migraines within the first month.

Frequency of migraines fell from 5.4 to 4.1 per month (50mg per day group), 5.8 to 3.5 per month (100mg) and from 5.1 to 3.0 (200mg). Those who received a placebo experienced a decrease in the number of migraines

per month from 5.6 to 4.5.

As well as experiencing fewer migraine attacks, the patients in the 100mg and 200mg per day groups were able to reduce their consumption of rescue medication of analgesics such as aspirin, paracetamol, triptans and opioids.

Some patients withdrew from the Johnson & Johnson-funded study because of adverse effects from both the medication (50mg 17 per cent; 100mg 27 per cent; 21 per cent 200mg) and the placebo (12 per cent).

For more information:

JAMA 2004; 291: 965-73

Scriptlines

Singulair 4mg granules

Merck Sharp & Dohme has launched Singulair 4mg granules (montelukast sodium) for add-on treatment of asthma.

Dosage for children aged six months to five years old is one sachet of 4mg granules to be taken in the evening. The company has warned that usage in patients from six to 12 months is limited and safety and efficacy in children below six months have not been established.

Singulair granules can be administered either straight into the mouth or mixed with cold or lukewarm soft food, such as apple sauce, ice cream, carrots and rice.

The sachet should not be opened until ready to use and should be used within 15 minutes. The granules should not be dissolved in liquid for administration.

For more information:

See Price List

Merck Sharp & Dohme

Tel: 01992 467272

Zoladex SafeSystem

AstraZeneca will introduce the Zoladex SafeSystem, a pre-filled drug delivery system with an automatic protective shield, on April 1.

Zoladex SafeSystem, which comes in 10.8mg and 3.6mg sizes, will be phased in via the

wholesalers when stocks of Zoladex have been exhausted.

The manufacturer said it has been designed to reduce the risk of needle stick injuries to healthcare professionals.

For more information:

AstraZeneca

Tel: 01582 837837

ZD additions

The following products will be added to the March 2004 *Drug Tariff Part II* (zero discount lists).

List A: Alpharparin injection; Metvix cream; Prevenar injection.

List B (endorse ZD if no discount has been received): Aveeno lotion; dexamethasone tablets

0.5mg and 2mg; Duac Once Daily Gel; linezolid tablets 600mg; Zyvox tablets 600mg.

For more information:

www.psnr.org.uk

Zovirax Ophthalmic

Zovirax Ophthalmic Ointment 3 per cent supplies are suffering a shortage due to a delay in production, GlaxoSmithKline has announced.

The company said the UK distribution centre only holds enough stock for urgent orders.

For more information:

GlaxoSmithKline

Tel: 0800 221441

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Imodium PLUS CAPLET Presentation: Capsule-shaped tablet containing loperamide hydrochloride 2mg and simethicone equivalent to 125mg polydimethylsiloxane. **Indications:** Symptomatic treatment of acute diarrhoea with gas-related abdominal discomfort including bloating, cramping or flatulence. **Dosage and Administration:** Adults over 18 years: Take 2 caplets initially, followed by 1 caplet after every loose stool. Adolescents aged 12-18: 1 caplet initially followed by 1 caplet after each loose stool. Not more than 4 caplets should be taken in 24 hours, limited to no more than 2 days. **Contraindications:** Not to be used in children under 12 years of age or in patients with severe hepatic dysfunction. **Precautions:** In patients with severe diarrhoea associated with antibiotics, conditions when inhibition of peristalsis is undesirable and must be promptly if constipation, subileus and/or abdominal distension should develop. **Side Effects:** In patients with severe diarrhoea, attention should be paid to appropriate fluid and electrolyte replacement. If symptoms persist for 48 hours, stop treatment and consult a doctor. Use under medical supervision in patients with severe hepatic dysfunction. Drugs prolonging the intestinal transit time can induce the development of toxic megacolon. **Side Effects:** Headache, dizziness, constipation, dry mouth, cough, abdominal distension. Rarely hypersensitivity reactions and urinary retention. Extremely rare reports of anaphylactic shock. Rarely, paralytic ileus although, usually in whom the prescribing information has not been fully respected. **Legal category:** (GSL and P). **PL Number:** PL 13249/0025 (P); PL 13249/0037 (GSL). **PL Holder:** Johnson & Johnson. MSD Consumer Pharmaceuticals, Enterprise Road, Loudwater, High Wycombe, Bucks, HP10 9UF. **Package Quantities, Price:** 6 caplets (GSL), £3.75; 12 caplets (P), £5.95. **Date of Preparation:** September 2003.

Deciphering decongestants

The pharmacist's role in explaining nasal congestion is reinforced in a new report examining nasal health in the UK (being distributed with this week's issue of C&D).

The report was developed following an advisory panel meeting chaired by Professor Ron Eccles of the Common Cold Centre and attended by four medical specialists with an interest in nasal health.

The panel agreed that the common cold and allergy are the two main causes of nasal congestion at least once a year, yet people are often appropriately treating themselves with an antihistamine or a multi-action cold remedy. The panel concluded that an effective decongestant could provide more specific local relief and create a distinct product category for the consumer.

A great deal of work needs to be carried out to help consumers understand the differences between nasal congestion and the



symptoms of a cold, according to the panel.

The report was sponsored by an educational grant from Pfizer Consumer Healthcare, manufacturers of Non-Drowsy Sudafed.

For more information:

Pfizer Consumer Healthcare
Tel: 023 8064 1400

UltraSmart meter helps users keep control

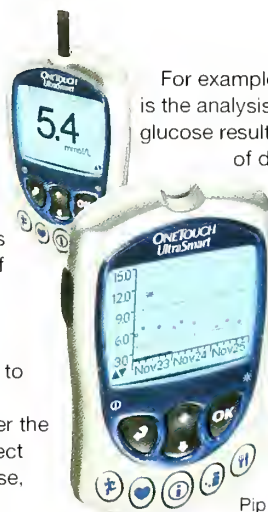
Lifescan UK is launching a new blood glucose meter into its OneTouch Ultra range in pharmacies.

OneTouch UltraSmart is designed to allow users to easily spot trends and patterns and see if they are in control of their condition.

An electronic logbook is incorporated within the meter, allowing blood glucose results to be stored and analysed.

The meter also gives the user the option to track factors that affect their diabetes like food, exercise, medication and overall health.

After each test, the logbook is updated and enables a simple and instant analysis.



For example, one feature is the analysis of blood glucose results by time of day.

The meter provides results in five seconds and uses the same test strips as other OneTouch Ultra meters.

Price: £39.99 ex VAT

Pip code: 300-6889

Lifescan (Johnson & Johnson)

Tel: 01494 658750

Getting right up your nose

A device designed to fit into the nose to prevent airborne pollutants entering the nasal passages is being launched into pharmacies following a successful test market.

Originally invented to help hay fever sufferers, NasalAir Guard is claimed to be effective in preventing the causes of other types of allergic rhinitis, many of which act as triggers for asthma.

The product is made from clear, soft medical grade plastic which allows the wearer's own natural skin colour to show through. It features two cylinders joined by a septum bridge which prevents over-insertion and also eases removal.

The device is available in four sizes – Small Short for large

teenagers, women and small men, Small for women and small men, Medium for larger women and men and Large for larger men.

Each pack comprises 10 filters which last 24 hours of continuous use. They have been perforated to enable the user to snap off each device individually for carrying around.

Over £50,000 will be invested in supporting the product with advertising in health and specialist magazines throughout 2004. Product leaflets will be distributed via GP surgeries in April.

A display box of 20 is available for pharmacies.

Price: £8.49

Pack size: 10

Design Tech Ideas

Tel: 01637 831400

Oral-B roars into action

Gillette is expanding its Oral-B children's oral care portfolio with the launch of a limited edition Lion King low fluoride toothpaste and toothbrush.

The launch coincides with the release of the film *Lion King 3: Hakuna Matata* on DVD and video.

The Oral-B Stage 3 Lion King toothbrush is designed for children

whose baby teeth are beginning to fall out and permanent teeth starting to appear. It has a cushioned head to help protect tender gums and cup shaped bristles to surround and clean teeth.

Price: toothbrush £2.39, toothpaste £1.59 (75ml)

Oral B Laboratories Ltd

Tel: 020 8847 7800

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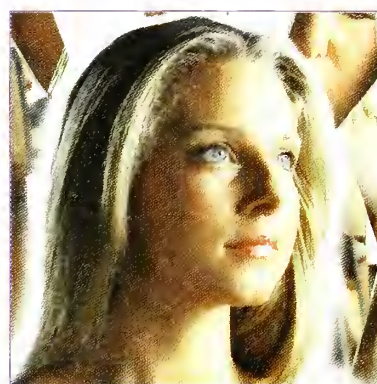
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Codeine Phosphate 10mg acts quickly on the brain to reduce pain signals.

Caffeine 30mg a co-analgesic and mild stimulant to speed up the action of the paracetamol.

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PROPAIN® Plus Caplets. ABBREVIATED PRODUCT INFORMATION Please refer to Summary of Product Characteristics for full product information. **Presentation:** White compressed capsule shaped tablets with embossed on reverse, each containing paracetamol BP 450 mg, doxylamine succinate USP 5mg, caffeine anhydrous BP 30mg, codeine phosphate BP 10mg. **Indications:** Treatment of tension headache, toothache, sore throat, backache, migraine, neuralgia, dysmenorrhoea, muscular and rheumatic aches and pains. Propain® Plus is also indicated for post-operative analgesia following surgical or dental procedures and for the relief of pain and reduction of fever associated with influenza and colds. **Dosage:** Adults and children over 12 years of age: 1 or 2 caplets every four to six hours up to a maximum of 8 in 24 hours. The suggested dosage may also be administered to the elderly (in the absence of other contra-indications). Not suitable for use by children under 12 years of age. Not intended for use over periods without consulting a doctor. **Contra-indications:** Propain® Plus is contra-indicated in patients with known hypersensitivity to any of the ingredients. Not recommended in pregnancy and lactation. Not taken with other paracetamol-containing products. **Special warnings and precautions:** Propain® Plus should only be taken with caution by asthmatics. Propain® Plus may cause drowsiness and affected patients should not drive or operate machinery. This may be aggravated by simultaneous intake of alcohol. As with all medicines containing paracetamol, codeine or antihistamines, caution should be exercised in patients with compromised liver or renal function. Caution is advised in patients with hypertension, hypothyroidism, adrenocortical insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, recent intestinal surgery, gallstones, a history of cardiac arrhythmia or convulsions. The recommended dose should not be exceeded. **Side Effects:** Adverse effects of paracetamol are rare but hypersensitivity including rash may occur. Adverse effects of antihistamines vary but the most common is sedation. Caffeine may cause nausea, headache and insomnia. Codeine may cause constipation, nausea, vomiting, drowsiness and respiratory depression in sensitive patients. Skin rashes have been seen rarely in hypersensitive patients. **Market Authorisation holder:** Lagap Pharmaceuticals Ltd, Woolmer Way, Bordon, Hants GU33 7OE. **Legal category:** P. **Trade price:** 16 caplets £1.94 (R.R.P. £3.41) 32 caplet: (R.R.P. £5.20). Further information from: Medical Information, Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks HP7 9LP. **Date of preparation,** API August 2003. PF0401T



SANKYO

Sure takes care of emotional sweat

Lever Fabergé is using new technology to relaunch its Sure antiperspirant as Sure activresponse for men and women.

The company has developed a new 'body responsive' formulation to give extra deodorant protection in emotionally sweaty situations.

The product is claimed to provide 24-hour protection covering normal day-to-day use, with a reserve of encapsulated ingredients which kicks in extra deodorant protection at emotional periods throughout the day.

Kim Roberts, brand manager for Sure, explains: "Emotional sweat is



different to physical sweat; it is triggered under stressful situations and can produce up to five times more wetness than normal. It can also be smellier."

The range includes two sizes of antiperspirant aerosols, a roll on and a stick in women's and men's variants plus a cream for women.

The relaunch will be supported by a £15 million marketing campaign including TV advertising from May.

Price: from £1.59 for 50ml roll on to £2.89 for 250ml antiperspirant aerosol

Lever Fabergé

Tel: 020 8439 6100

Sanatogen grasps a Golden TV opportunity

Sanatogen Gold is appearing on TV until the end of March in a £1.5 million national TV advertising campaign.

Targeted at women aged 25-49, the advertising appears around key programmes including GMTV and Coronation Street.

The commercial features a young woman portraying confusion

and frustration at the multivitamin alternatives in the supermarket.

It then shows a transformation in vision and sound to demonstrate how the woman's life changes to reflect the upbeat nature of Sanatogen Gold.

For more information:

Roche Consumer Health

Tel: 01707 366000



TVnext week

Bonjela: C4, five, Sat

Califig: C4, Sat

Calpol: All areas except U, GMTV

Calprofen: All areas except U, GMTV

Horlicks: All areas except U, CTV, GMTV

Huggies: All areas

Kalms: five, GMTV, Sat

Listerine: All areas except U

Lucozade Sport: All areas except U, CTV, GMTV

NiQuitin: All areas except U, CTV, GMTV

Olbas range: five, GMTV, Sat

Papadimitro: All areas

Rennie Soft Chews: All areas

Senokot: five, GMTV, Sat

Seven Seas Fish Cod Liver Oil: All areas except U, CTV, GMTV

Seven Seas Multivitamin: C4, Sat

PharmaSite: **On-air week: NiQuitin CQ** - window, **NiQuitin CQ** - in-store, **Canesten Oral & Cream Duo** - dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grammy, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Inecto's tropical treats

Keyline Brands is launching a new coconut oil range for dry hair and skin.

Inecto Pure Coconut Oil Natural Hair & Skin Care products are all formulated with 100 per cent pure coconut oil to soften, moisturise and protect hair and skin.

The range includes three products for dry/damaged hair - Moisture Miracle Shampoo, Moisture Miracle Conditioner and Moisture Miracle Hair Repair Treatment.

For the bath and shower, there is

Moisture Miracle Body Wash and Moisture Miracle Leg & Body Scrub which is exfoliating to remove dead, dry skin.

The range is completed with two nourishing products for dry hands and body - Moisture Miracle Hand & Nail Cream and Moisture Miracle Body Lotion.

Price: from £0.99 for Moisture Miracle Hair Repair Treatment (25ml sachet) to £2.99 for Moisture Miracle Leg & Body Scrub (150ml)

Keyline Brands Ltd

Tel: 020 8893 5333

Delph has kids covered

Fenton Pharmaceuticals is updating its Delph sun care range for 2004 with modern new packaging and five new products.

The range features three new high SPF products for children - Young and Delicate SPF50 for babies and delicate skins, Kids on the Go SPF30 and a fun SPF30 Kid's Trigger spray with tinted lotion.

Other new additions to the range are Dry Oil Spray SPF4 and Aloe Vera Gel After Sun with glitter to create a sparkly look in the evenings.

Price: Young and Delicate SPF50 £5.99, Kids on the Go SPF30 £4.99, SPF30 Kid's Trigger spray ££6.79, Dry Oil Spray SPF4 £3.89, Aloe Vera Gel After Sun £3.79

Fenton Pharmaceuticals Ltd

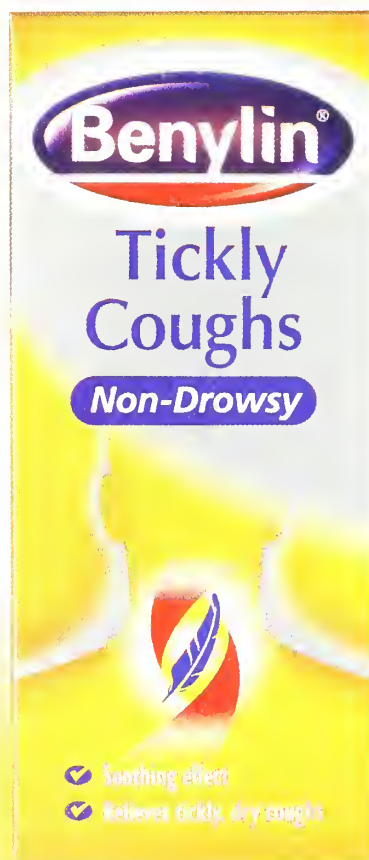
Tel: 020 7224 1388

You'll be tickled pink

Britain's No.1 cough medicine range now treats tickly coughs too.*



Glycerol



Glycerol and Liquid Sugar

Nothing is more effective WITHOUT prescription.

* Value Sales 52 w/e Dec. 27, 03.

 Consumer Healthcare

CHILDREN'S TICKLY COUGHS PRODUCT INFORMATION: Presentation: Syrup containing 0.75ml Glycerol per 5 ml. Uses: Relief of dry, tickly coughs. Dosage: Children 3 months – 1 year: 5 ml 3 to 4 times daily. Children 1 – 5 years: 10 ml 3 to 4 times daily. Children under 3 months not recommended. Contraindications: Known hypersensitivity. Precautions: If symptoms persist for more than 3 days consult doctor. Pregnancy and Lactation: Consult doctor before use. RRP (ex-VAT): 125ml £2.80. Legal category: GSL. PL Holder: BCM, 1 Thane Road West, Nottingham NG2 3AA. PL Number: 00014/0500. Date of preparation: January 2004. **BENLYN TICKLY COUGHS NON-DROWSY PRODUCT INFORMATION:** Presentation: Liquid containing 0.75 ml Glycerol and 1.93 ml Liquid sugar per 5 ml. Uses: Relief of dry, tickly coughs and sore throats. Dosage: Adults and children over 5 years: 10ml 3 to 4 times daily. Children 1 – 5 years: 5 ml 3 to 4 times a day; children under 1 year not recommended. Contraindications: Known hypersensitivity. Precautions: Diabetics should take note of the carbohydrate content of this product. Pregnancy and Lactation: Consult doctor before use. RRP (ex-VAT): 125ml £2.97. Legal category: GSL. PL Holder: BCM, 1 Thane Road West, Nottingham NG2 3AA. PL Number: 00014/0500. Date of preparation: January 2004.



The Which? investigation at the beginning of February into the effectiveness of health advice from pharmacies has highlighted the importance of proper patient counselling. Face-to-face contact with properly trained staff is one way to achieve this; another is to use touch screen technology in-store



With the much talked-about new contract finally about to happen, getting the right sort of advisory services in place is vital. The new NHS contract for community pharmacists will provide many challenges. Among them will be the provision of quality healthcare information and medicines management for patients.

The remuneration of pharmacists currently is based overwhelmingly on the number of prescriptions dispensed each calendar month. The Government has long believed, rightly or wrongly, that this method of payment does not represent value for money in delivering the objectives set out in the *Health of the Nation* White Paper. Incorporated within this thinking is the fact that pharmacists are an underused resource within the primary care sector.

Evidence for this can be found in the

way the role of the pharmacist is evolving in Scotland. There, the chief pharmacist, Bill Scott, has indicated that Scotland will not be following England in setting up new walk-in health centres as they all ready have them and they are called community pharmacies.

Further evidence can be found in community pharmacies in England where smoking cessation schemes, prescribing for minor ailments and the distribution of some Prescription medicines under patient group directions are heralding the new era.

With the introduction of the new NHS contract over the next 12 months the role of the pharmacist will change even more dramatically. The breakdown of the contract into essential, advanced and supplementary services will change entirely the emphasis of community pharmacy both in terms of service

and remuneration.

The traditional role of the pharmacist has always encompassed the provision of healthcare advice. Generally the information provided covers how to take any prescribed medicines, what products to avoid while taking that medication and any concerns regarding its usage and side effects. However, there has been no formal process to record what information might have been given, or the need for an effective audit trail.

One thing pharmacists will be encouraged to do in the new NHS contract will be to provide healthcare information for patients in pharmacy, with an emphasis on the need for it to help patients manage their own health. This will eventually involve an audit trail to show and record the advice that has been given.

Promotion

For all your healthcare information needs...



Healthpoint Technologies is a company founded by a pharmacist, who believes that the use of healthcare information combined with the use of touch screen technology allows patients to participate in the management of their own health.

Healthpoint has operated in the UK and Irish markets for three years. Worldwide it has over 2,500 systems installed, primarily in the USA, Australia and the British Isles.

The database installed in each touch screen stand covers 3,400 health topics and many are illustrated with video clips and photographs. The topics covered include medical conditions, complementary medicine, vitamins, diets and sports activity.

The information is presented in a user-friendly way with the topic broken down into a description, signs and symptoms, health management, the pharmacist's role, diet hints, complementary medicine and support, group information.

The whole database is designed to enhance the role of pharmacists in their counselling and primary

care role, in addition to providing accurate information for the patient and an audit trail.

All the information is medically referenced and **Healthpoint** carries a worldwide indemnity insurance against inaccurate information. Furthermore, the accuracy of the database has been checked by the National Pharmaceutical Association, and **Healthpoint** is now an approved and promoted product of the NPA.

The system's back office function provides statistical information, evidence of intervention and training topics for team members.

Healthpoint has installed over 200 systems in the UK and Irish markets, the majority in community pharmacies. Other sites include HM Prisons and two NHS hospitals.

Healthpoint provides the answer to the health information requirements of the new NHS contract and enhances the pharmacist's role in primary care.

■ For a free demonstration please contact **John White** on **0870 011 6008**.



New name for Lenthaleric

Lenthaleric has changed its name to Mayfair Perfumes. The company's cosmetics and perfumery portfolio includes Feather Finish, Easy Bronze, Tramp, Pagan and Fleur. New for spring from Mayfair Perfumes will be the Floralia range of floral fragrances launched in time for Mother's Day. The range is being introduced with four eau de toilette sprays – lavender Herba, Rosa Rosae, Orchid Paradisi and Lotus Caritima. The packaging features tall, single stem flowers drawn against a white background. Floralia bath and body products including body lotion, shower gel, body mist, soap and talc, will follow in the late spring. Price: Floralia eau de toilette spray (100ml) £10.95 Mayfair Perfumes Ltd Tel: 01923 204450

Drug-free pain relief for mums

Sea-Band is launching a medical device designed to alleviate swollen haemorrhoids during pregnancy and perineal pain after childbirth.

Femé Pad contains two slim, cool gel pads which are initially placed in a freezer and then inserted into gauze sleeves to provide a soft cushioning effect to relieve pressure when sitting down.

The discreet device is applied directly to the affected areas post childbirth where stretching and tearing has occurred resulting in bruising and inflammation.

The product was invented by



Mary Steen, a practising midwife and award winning research fellow at Leeds Teaching Hospital NHS Trust, as a result of her own personal experience of childbirth.

Price: £12.99

Sea-Band Ltd Tel: 01455 639750

Senokot back on TV

Reckitt Benckiser is supporting Senokot with a million advertising campaign throughout 2004. The brand's teams' commercial will be on TV from the beginning of March until mid-April, followed by a totally new campaign in the summer. The key message throughout the campaign is that Senokot, which is made from the natural senna plant, provides gentle,



predictable relief from constipation.

For more information:

Reckitt Benckiser plc Tel: 01482 326151

Triple action from Nivea

Beiersdorf has developed a Nivea triple action lotion to simultaneously soothe, tone and protect the skin. Nivea Body Triple Action Conditioning Lotion contains a high concentration of three active ingredients – ginkgo biloba extract, shea butter and vitamin E.

The lotion has a rich, easily absorbed formulation that leaves a pleasant sensation on the skin.

The product will be available from April.

Price: £5.65

Pack size: 250ml Beiersdorf UK Ltd Tel: 0121 329 8800

Bronnley joins RHS

Bronnley has linked up with the Royal Horticultural Society to launch a three-fragrance range.

The RHS Floral collection features rose, nasturtium and passion flower fragrances and should be in-store in mid-April.

The range comprises nine products from drawer liners to hand and nail cream, all in illustrated boxes.

Price: From £1.50 for bath seeds (30g) to £9.95 for Eau Fraiche (100ml)

Pip code: see February Price List H Bronnley & Co Ltd Tel: 01280 702291

Snap happy

Photo processing company Photoserve is teaming up with Ferrania Imaging Technologies to launch a range of film and single use cameras.

The range comprises 35mm FG 200 film in 24 and 36 exposures, APS 200 film in 25 and 40 exposures and a single use flash camera with FG 400 film.

For more information:

Photoserve Tel: 01244 222 914

Managing migraines

About 10 per cent of the UK population lives with the pain of migraines. Migraine is a form of headache which is severe and usually one sided, frequently associated with nausea and vomiting. This is sometimes preceded by warning symptoms which usually affect the eyesight and are known as an 'aura'.

People sometimes feel 'not quite right' prior to a migraine and may suffer from visual changes. The pain is one sided although it is not invariably the same side each time. Each person is different but there are some 'trigger' factors such as tiredness, physical exhaustion, stress, changes in climate and certain foods.

Migraine sufferers can rely on their doctor and pharmacist as important allies in the battle against migraine and your advice and support can be invaluable. Although there is no miracle cure for migraine, it is possible to help bring the condition under control. There is now a wide range of treatments available which can be very effective. These usually contain aspirin, paracetamol or ibuprofen and can be very effective, especially if taken very early in the attack. Ibuprofen has been shown to reduce the pain and the duration of the migraine, as compared to paracetamol, which only reduces the pain.

Non-drug treatments can also be very beneficial. You may want to advise those prone to migraines to try to maintain regular sleep schedules to reduce stress and to exercise with care. Most forms of relaxation can help reduce the frequency and severity of migraine attacks. For some severe attacks, there are specific treatments for migraine such as the triptan family of drugs only available on prescription.

Authored by Dr Lester Russell, GP, Portsmouth and a member of the Pain Initiative.

The Pain Initiative is supported by an educational grant from Nurofen™

1. <http://www.migraine-facts.co.uk/>
2. Pearce I et al. Ibuprofen, a prostaglandin synthetase inhibitor compared to paracetamol, a peripheral analgesic, on classical migraine. Practitioner 1983; 227:465-7

NUROFEN

The route to **success**



Saša Janković meets a pharmacist who likes to live in the fast lane, at least when he's not dispensing...

Fin McCaul has not only rallied round to make Prestwich Pharmacy in Lancashire a successful business, but for the last five years has been spending his spare time on his hobby of rally driving as well.

"I always wanted to do this," he says, "but it is a very expensive sport and I had neither the money nor the opportunity until a few years ago when I started rallying in a Lada.

"Following an accident I moved onto a VW Polo three years ago and started competing in Polo championships in 2000."

Polos rally in Group N and Fin drives a showroom class model made to safety specifications which includes a safety cage and fire extinguisher, plus a different gearbox to make accelerating faster.

His co-driver navigates from notes which describe the route, but Fin says they don't have to be able to rally drive, "just not get travel sick".

"I've always had an interest in cars," he says, "but ultimately we drive for fun. The best result we ever had was in the Isle of Man rally where we were the second placed Polo but came nineteenth overall out of a field of 100."

However, Fin and his Polo are not only looking for a new co-driver, but also a sponsor. "There is no doubt that rallying is expensive, and the car has to

Fin McCaul has been rallying for five years and says it is a "relaxing hobby"



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CONSUMER PHARMACEUTICALS

NEW
24 PACK

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Pepcid
chewable indigestion tablets

Fast and long-lasting relief

Starts to work within 2 minutes

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24 chewable tablets for heartburn and indigestion

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LARGER PHARMACY PACK
for regular heartburn sufferers

Comedix

For further information and transfer orders
go online to www.comedix.co.uk

Further information is available from Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Pepcidtwo chewable indigestion tablets contain famotidine 10mg, magnesium hydroxide 165mg and calcium carbonate 800mg. Pepcidtwo chewable indigestion tablets are indicated for the short-term symptomatic relief of heartburn, indigestion or excess acid symptoms. Legal category: P. ® denotes a registered trademark. © Johnson and Johnson MSD Consumer Pharmaceuticals. Code number PEP101



For me it's the exact opposite from work and that's why I like it

tally stripped down after every race, which takes 10 days. To be competitive we would be looking at a team of around £20,000 from sponsorship.

"In return, as well as displaying the sponsor's logo, we would offer to train them as a co-driver and also take them along to corporate days hosted by VW."

Fin and his car compete in between eight and 10 rounds in a year, up and down the country, as well as attending practice and test days at various fields and Welsh forests.

Despite his love of the sport, Fin has only competed once this year as he has been heavily involved with moving Prestwich Pharmacy.

"We used to be next to a large Sainsbury's supermarket, which was our landlord,

but it sold the whole plot to developers who decided to knock it all down so we had to move out.

"We couldn't find secure enough local premises so had to have a specially built steel temporary building made and erected on a nearby car park. It took six lorries and a 70 tonne crane to put it in place, but the pharmacy now covers an area of 2,500sq ft and has a dedicated consultation room. We hope to move back into the new development when it is completed in 2005."

Interestingly enough, Fin believes that the skills that make a good rally driver do not necessarily make a good pharmacist. "Accuracy is important of course," he says, "but apart from that there is not much crossover. Pharmacists definitely shouldn't rush."

However, he admits he does find rallying relaxing, saying: "For me it is the exact opposite of work and that is why I like it. It gives me a total release from the strains that the government is putting on us at the moment." ☺

NasalAir[®]

GUARD

A simple way of preventing allergic rhinitis...

NasalAir Guard[®] acts immediately and it's drug-free

NasalAir Guard[®] is an ingenious little device that fits into the nose to prevent a whole host of airborne pollutants entering the nasal passages in the first place. Originally invented to help hay fever sufferers, this product is equally effective in preventing the causes of other types of allergic rhinitis, many of which often act as triggers for asthma.

The beauty and benefit of this revolutionary new product is that it starts to act immediately and there are none of the side-effects that are associated with many drug-based treatments. Its secret lies in the special filters that block out all the pollen, and other nasties carried in the air. People are already wearing it to help with their allergies to things like house dust mites, and cats and dogs, while it can also be worn during sleep. Indeed, existing users have even reported it not only aids restful sleep but also stops them snoring.

Each pack of 10 retails at £8.49 with 4 sizes to choose from:

Small Short	- large teenagers, women & small men
Small	- women & small men
Medium	- larger women & men
Large	- larger men

For further information contact Kevin Robins on 01637 831400 or e-mail: marketing@designtechideas.co.uk



NasalAir Guard[®] is made from a clear, soft medical grade plastic (not latex) which allows the wearer's own natural skin colour to show through.

Wearing one takes a few hours to get used to (a bit like wearing contact lenses), and you may find the nose runs a little (that's a good sign...it's the sinuses trying to clean themselves out). Should this happen, simply remove the device, wipe it clean with a tissue, blow your nose and then reinsert the same NasalAir Guard[®]. After a short time, the

runny nose will stop but the benefits will continue - in fact, for up to 24 hours of continuous use for each device. Once breathing through the nose becomes laboured, then that's the time to change it for a new one.

medicalfutures
Finalist in the 2003 Medical Futures Innovations Awards

NasalAir[®]
GUARD

You have a nose for it.

www.nasalaireguard.co.uk

The National Co-operative Chemist's Fit for the Future award scheme aimed to show how innovation could tackle local health inequalities in the community setting. Gary Paraguru reports on the winners

Champions of excellence



Pictured from the left are: Tina Boyle; Yvonne Rankin, Co-operative Group's chief operating officer, specialist retail; Kay Lodge and Adrian Price

As negotiations for funding the new pharmacy contract race towards a conclusion, it can do no harm to give health minister Rosie Winterton and the NHS Confederation a gentle reminder of what community pharmacy has to offer. And what better way than examples of ordinary community pharmacists successfully tackling a range of health inequalities?

The National Co-operative Chemist's Fit for the Future award scheme was launched last year as a means of showcasing the services offered by its pharmacists. Below, the winner and two runners-up describe the impact that simple, well thought out pharmacy-based schemes can make.

The winner:

Kay Lodge, manager, NCC Ravensthorpe branch, West Yorkshire.

'Diabetes Awareness Day'

"My branch in Ravensthorpe is situated in an area of high unemployment. The population is about 75 per cent Asian with a further mix of refugees from Bosnia and workers from West Africa and the Caribbean.

"In spite of the lack of money in the area, there is a very real sense of community and my branch is considered as 'their' pharmacy. I wanted to build upon this and attract even

more customer loyalty with a possible move into the proposed new health centre in mind.

"There is a high incidence of diabetes within the Asian community and some patients have problems both with the medication and the daily chore of checking blood glucose levels. The advent of new technology, in the form of blood glucose meters, is a real help but often my patients couldn't work them properly or didn't understand about dietary restrictions.

"I thought a diabetes awareness day would be good for customer relations and a real benefit to the community. To many of my clients, the prospect of becoming diabetic like other members of their family and friends is frightening, so I thought a special day devoted to diabetes on an informal basis would be beneficial.

"The obvious place to start was with the diabetic liaison team at Dewsbury District Hospital. They were pleased to have been asked to take part and offered full co-operation, while Roche Diagnostics offered to come and check client machines and advise on proper usage and problem solving.

"We used leaflets to advertise the promotion and local shops, pubs, post office, and our three local surgeries all displayed posters. We put leaflets into every OTC and prescription bag and told clients and the local newspaper about the event.



"The hospital team came to assess the available space and were happy with the suggestions put forward by my staff, as the shop and dispensary still had to function as normal. We stripped the medicines counter and turned it at right angles away from the till to create a visual separation of activities. The counter provided a good display area for information and leaflets, and my garden chairs gave support and sanctuary to the clients and the team.

"Roche's technical team set up a stand and display material at the other end of the shop. The day was a huge success, with clients waiting outside 20 minutes before we opened. Two nurses from the hospital checked patients' BP and blood glucose levels; a dietician and student offered advice on diet and gave out leaflets and recipe books; and a podiatrist advised on foot care (very important in diabetics).

"The Roche team serviced glucose meters and offered advice. The younger clients were particularly interested to see how they could download results from their meters onto a computer and how the data could be displayed as a graph. "I was pleased to see the two teams worked well together, with each referring clients to the other. I had an extra pharmacist working so that I could mingle with my clients, and an Asian staff member to act as interpreter and record statistical data.

"My staff chatted with and gave encouragement to the clients as they waited, as some were quite nervous about the blood test.

In spite of the lack of money in the area, there is a very real sense of community and my branch is considered as 'their' pharmacy

"On a personal level, the teams were pleased at the warm reception they got from our clients, and I was touched by the number of people who thanked me and my staff for arranging the day, as no one had done anything like it for the community before. They all wanted another event in the near future looking at a different aspect of healthcare, so we are considering perhaps a

'Cholesterol Day' in early spring. Watch this space."

On the big day:

- 116 clients took part – 70 Asian, 44 Caucasian and two others
- 98 BP and blood glucose checks were taken
- 11 patients wanted dietary advice only
- seven wanted advice from the nurses
- 24 visited the Roche stand and we sold two meters (the purchasers were given a voucher for a free gift such as a family photo portrait or a day out)
- 11 undiagnosed diabetics were found (nine Asian, two Caucasian), five of which were serious enough to be given appointments at the hospital clinic the next day. One client's blood glucose was so low that the nurses refused to let him leave until he had drunk a bottle of Lucozade
- six clients had dangerously high BP and were referred to their GP
- The oldest client, 92, had a clean bill of health and at one stage we had family groups competing for the best results.

Continued on page 38 ►

Brand focus



Promotion

New Joint Solutions never tasted so good

Health Perception, the health supplement company founded by Olympic gold medallist David Wilkie MBE, has extended its glucosamine range with the addition of the first liquid glucosamine HCL range for maintaining joint health.

JOINT-FLEX GlucOsamine and GlucOsamine & Chondroitin Liquids are an alternative to tablets, which is especially useful for people who may have difficulty or don't like swallowing tablets. The new liquid is easy to take and has a delicious strawberry flavour. 90 per cent of liquids are absorbed almost immediately, therefore improving the effectiveness of the active ingredients.

Glucosamine acts as a keystone in supporting the body's natural regenerative process. Chondroitin acts as a magnet, stimulating the uptake of nutrients and fluid into the cartilage.

David Wilkie comments: "The Introduction of our new **JOINT-FLEX** liquids confirms our commitment to the continued development of our established range of glucosamine products.

"Our customers can choose the product most suited to their needs

– from a range of tablet formulations, a gel-rub, a gel-patch and now a liquid."

Both forms of Health Perception's **JOINT-FLEX** are available in 300ml bottles and each comes with a measuring cap. There is no need to dilute the liquid – one 30ml serving of **JOINT-FLEX** GlucOsamine Liquid Provides 1500mg of Glucosamine HCL. One 30ml serving of

JOINT-FLEX GlucOsamine and Chondroitin Liquid provides 1500mg of Glucosamine HCL and 1200mg of Chondroitin Sulphate. This is the full dosage needed for optimal benefits.

Free from starch, lactose, gluten and yeast, Health Perception's **JOINT-FLEX** GlucOsamine Liquid retails at £7.99 and **JOINT-FLEX** GlucOsamine and Chondroitin Liquid at £12.99.



Further information

Olympic gold medallist David Wilkie MBE founded Health Perception in 1989. Further information on the company and its portfolio of products is available from: Health Perception UK, Unit 12, Lakeside Business Park, Sandhurst, Berkshire SL6 6ES.

Tel: 01252 861454

or via the website at:

www.health-perception.co.uk





Runner-up:

Adrian Price, manager NCC Birchwood branch, Warrington.
'Tackling Medicine Wastage'

"Warrington PCT was formed in April 2002 and inherited £4 million of debt from previous management organisations. As I had worked for a number of years with health authorities, I was asked what could be done about reducing the prescribing overspend.

"As PCTs were so much in debt and still had to manage growth, I was relatively sure that any idea that could save money and have an element of professional

development would be very popular. I put forward several ideas and, knowing that medicines management was on the horizon, I suggested some pharmacy-based ideas, which developed pharmacists' roles and, more importantly, were cost neutral for the PCT. In fact they often produced considerable money savings.

"In addition, a community pharmacy-based service would be cost neutral to NCC in wages because the pharmacist was already present, but would generate a good hourly rate from the PCT.

"The PCT wanted to tackle medicine wastage, which is a difficult area to save money in, because if a medicine is wasted then the money has already been spent. I had to find a way of stopping the money from being spent in the first place.

"Often medicines are returned, which patients have either never taken or have only taken a few tablets due to side effects or disenchantment with the product.

"But as it is common for GPs to prescribe up to three-months' supply of medication, even if patients have never had it before, I decided that wastage could be minimised by only dispensing two weeks' supply of any new medication. This means that if treatment is stopped, only two weeks' supply of medicine is wasted. I was keen for my idea to be widely accepted and called a meeting of all interested practices in Warrington to present the initiative entitled *First Issue*. I figured that by giving all the practices involvement and ownership we were more likely to succeed. At the meeting it was agreed to take my suggestion forward with a three-month trial at two NCC shops and two local practices.

"For all new prescriptions (marked by the GP) only two weeks' of medication was dispensed and patients were given consistent counselling from a pre-prepared sheet explaining the scheme.

"If all went well, patients returned after two weeks for the remainder of the prescription or had it delivered. If treatment was stopped, the reason was noted and the prescription altered to reflect the tablets that had actually been dispensed and returned to the GP for a signature. Both pharmacists and technicians were involved in the scheme.

"Simple record sheets were devised and the results were collated every three to six months and reported back to the practice. Each patient consultation took only a couple of minutes and was easily fitted into the busiest of working days. The largest amount of time taken was the half-hour review with the GPs every three or six months.

"The scheme has now continued for over 12 months and following the expansion of medicines management has been used in several other PCTs.

"Results from nine months of data show that:

- 62 patients out of a total of 196 (31 per cent) did not return for more medicine after initial dispensing;
- patients' response to the scheme was positive;
- a variety of side effects was reported;
- the cost saving on drugs not dispensed was £600.

"*First Issue* was presented in October to the medicines management collaborative with the intention of being rolled out across Warrington the following financial year. The idea could also be used within the company in other regions as a way of generating income and improving pharmacist/GP relations."



Runner-up:

Tina Boyle, manager NCC St Neots branch Cambridgeshire.

'Breast Pump Hire'

There are several problems that can prevent mothers from breast-feeding babies including: poor sucking reflex, mothers unable to produce enough milk, premature babies, and the need to return to work.

Although breast pumps can help to overcome many of these problems, they are generally only available in hospitals and are expensive to purchase.

However, as Tina's branch is located in a health centre with an antenatal clinic and onsite health visitors and midwives, she found there was a real need for a breast pump hire scheme. She contacted manufacturer Ameda Egnell to help develop a suitable scheme, the details of which are:

- the company provided the first two pumps
- patients could hire pumps for a minimum of 30 days at a cost of £42 for first month, and £21 per subsequent month
- a pharmacy-based scheme offers fast service, flexible payment method and contact with health professional.

Results from the scheme include:

- seven mothers have taken part in the scheme over the past 18 months – and the fact that many patients lived more than 10 miles from the pharmacy demonstrates a real need for the service

- hospitals have referred patients to the pharmacy
- the pharmacy's profile has been raised and it has developed links with other health professionals
- the sale of accessories such as hand pumps, freezer bags and disposable pads generates extra profit. ☺

As PCTs were so much in debt and still had to manage growth, I was relatively sure that any idea that could save money and have an element of professional development would be very popular





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You'll also find **Pharmacy Update**. The site carries all of the active modules and questionnaires exactly as they appeared in *Chemist & Druggist*, freely available for download. And older modules – dating back to 1996 – can be found in the archive.

You can also access the **dotPharmacy Directory**. This is the online companion to the printed *Chemist & Druggist Directory*. It contains information on over 10,500 companies under 1,862 classification headings covering all sectors of the pharmaceutical industry including manufacturing, chemists, retailers, hospitals and the public sector.

And did we mention the weekly poll, links page, extensive features section, diary dates...?

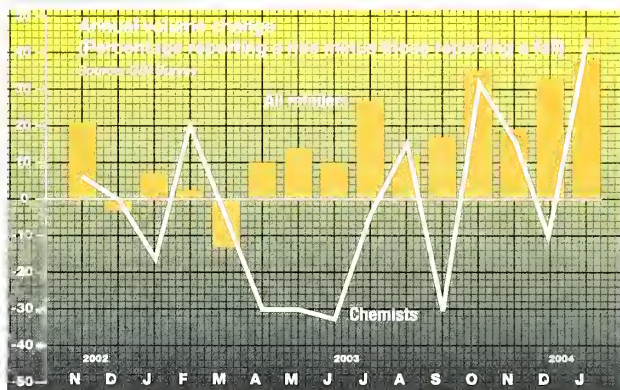
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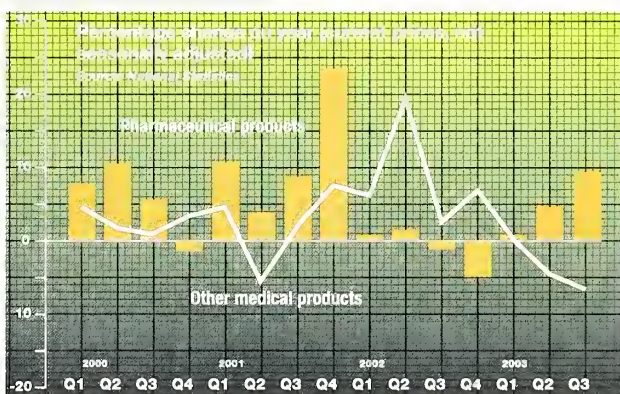
Strong growth in January

Bargain hunters helped push up high street sales in January, and improve demand among retail chemists after a weak December. Overall retail sales growth is expected to continue in February – a view supported by strengthening consumer confidence



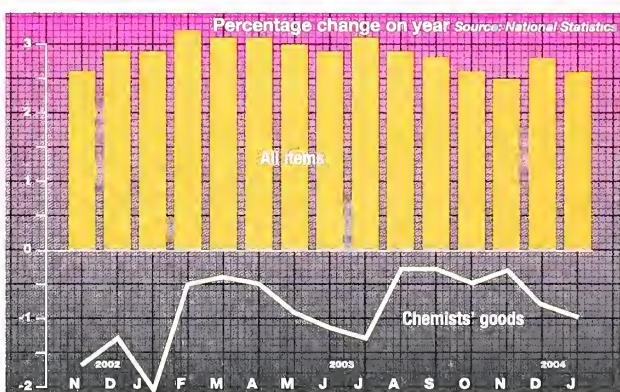
Retail pharmacists' sales volumes grew strongly in January, according to a CBI poll, with 44 per cent reporting an increase on a year earlier. In December, 10 per cent had indicated a year-on-year downturn. Total retail sales were reportedly above average for the time of year and are set to remain strong into February. The British Retail Consortium confirms that total sales rebounded in January, with demand for pharmaceutical and beauty products boosted by discounts and promotions. Anecdotal evidence suggests that demand for vitamins and fish oil, weight management, and skincare products was robust, but sales of cough and cold medicines were mixed. Official figures show total sales volumes in the fourth quarter grew by 4 per cent annually, up from 3.6 per cent in the third quarter. Consumer confidence firmed up in January, says Martin Hamblin GfK.

Shoppers increased their outlays on pharmaceutical products in the third quarter of last year, but cut back on other medical products, as UK output of pharmaceuticals continued to grow, but toiletry production fell. Total spending growth is forecast to slow sharply next year



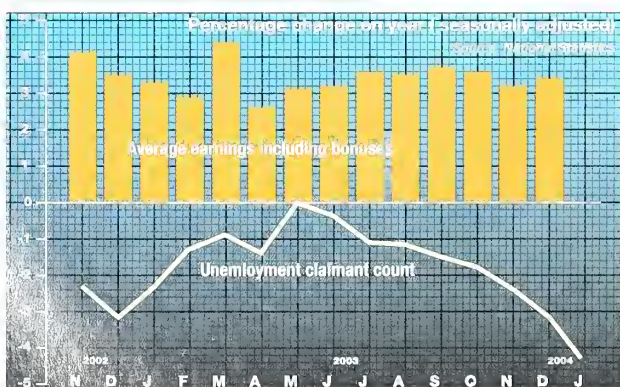
Consumers spent 9.2 per cent more on pharmaceuticals in the third quarter of 2003 than a year earlier, officials estimate, and volumes grew 8 per cent. But spending on other medical products, such as bandages and plasters declined by 6.8 per cent annually in the third quarter, and fell 6.7 per cent by value. Total consumer spending grew in value by 3.9 per cent on a year before, and volumes rose by 2.5 per cent. Consumer spending is forecast by the National Institute of Economic and Social Research to increase by 2.3 per cent this year and by 1.6 per cent in 2005 – the lowest in 10 years. UK production of pharmaceuticals rose 2.5 per cent in the fourth quarter and by 11.9 per cent annually; output of perfumes and toiletries grew 2.1 per cent in the quarter but shrank by 12.6 per cent annually. Expenditure on advertising cosmetics rose in the year to December but pharmaceutical advertising dropped 9.4 per cent.

Consumers are continuing to pay less for chemists' goods in the High Street than a year ago, but manufacturers' factory gate prices for pharmaceutical and toiletry products have begun to harden, and their raw material and fuel costs are rising



The retail price of chemists' goods fell 0.6 per cent in January, and by 1 per cent annually. Headline inflation in January was 2.6 per cent. Higher import costs are likely to raise inflationary pressures over the next two years, and impact first on UK manufacturers' prices. In the year to January these rose overall by 1.6 per cent, down from 1.8 per cent in December. Pharmaceutical product prices rose 1.7 per cent annually in January, but perfumes and toiletries were unchanged. Lip and eye products fell 0.6 per cent and dental hygiene preparations dropped 8.4 per cent. Shaving and deodorants prices firmed by 0.6 per cent. Prices of imported pharmaceutical and medicinal product prices rose 3.8 per cent annually, and perfumes and toiletries were up 3.6 per cent. UK pharmaceutical makers' input costs rose 2.6 per cent in the year to January, and soap, perfume and toiletry makers' costs were up 0.3 per cent.

Despite a continuing fall in unemployment, earnings also eased marginally at the beginning of the year. However, as skill shortages emerge and wages eventually turn up, higher borrowing costs will be needed to forestall overheating in the economy



The number of people claiming jobless benefit fell 4.3 per cent in the year to January, to a 28-year low. The Recruitment and Employment Confederation says strong demand for staff was sustained for the eighth consecutive month in January, and skill shortages are becoming widespread. Average earnings, including bonuses, were 3.4 per cent higher in the three months to December than at the same time in 2002, down 0.1 per cent from the November 2003 level, easing the pressure on interest rates. But with the housing market showing few signs of cooling, consumer spending remaining resilient, manufacturing beginning to recover, and the economy growing at a robust 0.9 per cent in the fourth quarter, further hikes in borrowing costs are certain. Personal insolvencies hit an 11-year high in England and Wales during the fourth quarter, a jump of 29 per cent on the year.

A new look at market trends

Peter Varley explains the new features in Business Statistics

With this issue of *C&D* regular reporting of business statistics and trends has been enhanced. The object? More timely and accessible coverage of trading conditions in retail pharmacy and among its manufacturing suppliers.

The quarterly Business Trends survey will continue to offer a detailed insight into pharmacists' recent sales and expectations of future demand, prescription activity, and margins, as well as probing opinions on specific issues of topical interest.

But to complement it the Business Statistics page will now be published eight times a year, up from four times. This will allow readers to keep a close watch on the performance of their businesses compared with the

consumers on pharmaceutical and other medical products, with a chart of spending on personal care products and electric personal appliances. These are compared with total consumer spending and forecasts of future outlays. The section also includes official estimates of British manufacturers' output of pharmaceuticals and toiletries, and trends in advertising expenditure.

Costs and prices are the focus of the third section. This charts trends in the official retail price of chemists' goods bought by a typical UK family, including NHS prescription charges, medicines, toiletries and cosmetics, and in overall inflation. Trends in prices charged by

Business Statistics does the legwork and makes the important trends more easily available

overall marketplace – or simply to stay better informed of current developments.

And Business Statistics has a brand new look. Presentation of facts and statistics is simpler and easier to navigate. It is organised into four sections: retail sales; consumer spending; costs and prices; and economic indicators of future changes. Each has a regularly appearing chart, supported by commentary on the latest related business trends. The emphasis is on changes from one period to the next, rather than on actual numbers, so readers can compare the trends to those in their own business.

The retail sales section charts changes in the annual volume of business reported each month by High Street chemists and other retailers. This is backed by official retail sales figures, and the results of other surveys and forecasts, together with data on consumer confidence and borrowing.

The second section alternates a quarterly chart of spending by

manufacturers of pharmaceutical products and toiletries and the cost of their raw materials – both indicators of future price pressures – are also highlighted. Retail property costs and other business expenses are covered from time to time.

The fourth section covers the economic background to present and future business activity. Changes in earnings and unemployment are charted in each issue, as both are important drivers of change in consumer confidence, which in turn affects levels of high street spending.

The Business Statistics page draws on numerous sources: from the wealth of figures compiled by government and from surveys by respected private-sector bodies such as the CBI. Much of this data can be accessed on the internet, but searching for the really useful information is a time-consuming task. Now, *C&D*'s Business Statistics does the legwork and makes the important trends more easily available.



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The scheme offers:

- Help with the funding of items of equipment that would contribute to the pharmacy business. Potential examples are health and computing equipment.
- A range of training programmes to meet the needs of pharmacy support staff.

The deadline for grant applications is 30th April 2004

For further information contact:

The NTI Healthcare and Bioscience Network

Mark Vincent

De Montfort University

Faculty of Health and Life Sciences

Hawthorn Building 00.17

Leicester LE1 9BH

Tel: 0116 257 7718 Fax: 0116 257 7742

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Steve Hill has been named pharmacy marketing manager for Moss Pharmacy. Mr Hill has joined from Lloydspharmacy where he held the same position. Moss Pharmacy has also announced the appointment of **Trish Leak** as retail marketing manager. Prior to this Ms Leak was marketing manager for The Body Shop International.

The Goldshield Group has announced two new appointments within its Retail Brands Europe business unit. **Simon Coates-Walker** has been named UK business manager and will be responsible for managing primary care and OTC branded products. Mr Coates-Walker is a pharmacist who has worked in a number of sales, marketing management and consultancy positions in the pharmaceutical industry for the last 24 years. **Simon Tucker** has been promoted to regional business manager. Since joining the company



Clockwise from top left are: Simon-Coates Walker, Simon Tucker, Trish Leak and Steve Hill

from Pfizer in 2000, Mr Tucker has held various positions in Goldshield's international division.

Michael Pilkington has been appointed an executive director of SSL International. Mr Pilkington joined the company in April 2002 and most recently was group product supply director.

Acambis has announced the appointment of **Gordon Cameron** as chief executive officer. Mr Cameron joined the vaccine development company in 1996 as chief financial officer.

Henryk Klakurka has been named Merck Generics' chief executive officer. Prior to joining Merck as a researcher in 2001, Mr Klakurka worked for a number of pharmaceutical companies including Johnson & Johnson, Schering-Plough and Astra.

NPA pre-reg weekend a success

Chief executive John D'Arcy opened last month's NPA pre-registration training weekend with an overview of the pharmacy profession. Twenty four students attended the course that covered topics including the drug tariff, first aid, compression hosiery and smoking cessation. NPA education and training head Lesley Johnson, pharmacist training officer Jane Edmonds and information head Michelle Styles were course tutors. The attendees found the weekend both enjoyable and informative and demand for places was so high that the event will be repeated this weekend.



John D'Arcy (centre standing) is pictured with the three course tutors and 24 attendees at last month's NPA pre-registration training weekend

Community pharmacists **Tony Dyer** (second left), **John Allen** (far right), and **William Pollock** were presented with long service awards to commemorate 50 years on the Register at a recent Leicester branch meeting. A similar award was presented to **Sidney Carter**, formerly senior lecturer at the De Montfort University School of Pharmacy, for 60 years on the Society's Register.

All four pharmacists are now retired. Pictured with Mr Dyer and Mr Allen are branch secretary **Ian Bell** (far left), Society vice-president **Allison Ewing** (centre) and branch chairman **Divyesh Shah** (second right)



Entrants for AAH golf Open required

It may not seem long since *C&D* announced that Northern Ireland pharmacist **Ian McClatchley** had won the AAH Open Golf Championship (Nov 15, p42, pictured right), but AAH is already inviting applicants for this year's competition.

The dates and venues are: May 6, Belvoir Park, Belfast; June 8, Hanbury Manor, Hertfordshire; July 1, The Buckinghamshire, Bucks; July 6, Gleneagles, Perthshire; July 20, Welcombe Hotel Warwickshire; August 3, Celtic Manor, Gwent; August 5, Mere Country Club, Cheshire; August 1, Slayley Hall, Northumberland.

The final will be in Portugal. AAH customers should tel: 0870 850119.



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Please include () sets of modules at £29.38 each

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Abbreviated Prescribing Information

Product Name: VASALPHA 5mg or 10mg PROLONGED RELEASE TABLETS (FELODIPINE) **Active Ingredients:** Each prolonged release tablet contains either 5mg or 10mg felodipine. **Indications:** Essential hypertension. **Dosage & Administration:** The recommended starting dose is 5mg once daily, increased if necessary to 10mg once daily or another orally active agent added. Dose increases should occur at intervals of at least 2 weeks. The usual maintenance dose is 5-10mg once daily. The maximum daily dose is 10mg. The dose should be adjusted to the individual requirements of the patient. **Elderly:** The recommended starting dose should be adapted in the elderly. Subsequent dose increases should be undertaken with particular caution. **Impaired hepatic function:** In mild to moderate hepatic impairment, the recommended starting dose should be lowered to the minimal therapeutic effective dose. Cautioned in severe hepatic impairment. **Impaired renal function:** Caution should be taken where severe renal impairment exists. **Children:** Not recommended. **Administration:** Swallow whole, with a glass of water in the morning. DO NOT take with grapefruit juice. Avoid taking with a high fat meal. **Contraindications:** Hypersensitivity to felodipine, other dihydropyridines, or any of the excipients, cardiogenic shock, severe aortic and mitral stenosis, obstructive hypertrophic cardiomyopathy, unstable angina pectoris, acute myocardial infarction (within 4-8 weeks of a myocardial infarction), decompensated heart failure, severe hepatic impairment and pregnancy. **Special Warnings & Precautions:** Use with caution in patients with conduction disorders, compensated heart failure, tachycardia and aortic or mitral valve stenosis, mild to moderate hepatic impairment, severe renal impairment (GFR < 30ml/min, creatinine > 18mg/dl), AV block of the second or third degree. If treatment with felodipine is discontinued abruptly, a hypertensive crisis may occur in individual cases. Felodipine could cause significant hypotension (vasodilation effect) with consecutive tachycardia, leading to myocardial ischaemia in sensitive patients, therefore predisposed patients may suffer from myocardial infarction. Dihydropyridines may cause acute hypotension. In some cases there is a risk of hypoperfusion accompanied by reflex tachycardia (paradoxical angor).

Felodipine is metabolised by CYP3A4 enzymes. Therefore, combination with medicinal products which are potent CYP3A4 inhibitors or inducers should be avoided. Due to the same reason the concomitant intake of grapefruit juice should be avoided. **Pregnancy & Lactation:** Contraindicated throughout pregnancy. Pregnancy must be excluded before starting treatment. Felodipine is excreted in breast milk. Breast-feeding should be discontinued during treatment. **Effects on ability to drive or operate machines:** The ability to drive or operate machinery may be impaired, particularly at the start of therapy, when the dose is increased, medication is changed or after concomitant ingestion of alcohol. **Undesirable Effects:** Very commonly (> 10%) flushing, headache or tinnitus, particularly at the beginning of treatment, when the dose is increased or when high doses are administered. Generally, these effects subside on continued treatment. Commonly (> 1% - < 10%) peripheral oedema (the degree of ankle swelling is dose related). Commonly, particularly at the beginning of treatment, angina pectoris attacks may occur, or in patients with pre-existing angina pectoris there may be an increase in the frequency, duration and severity of the attacks. Uncommonly (> 0.1% - < 1%) dizziness, hypotension, syncope, palpitations, tachycardia and dyspnoea, restlessness, paraesthesia, tremors, myalgia, arthralgia, gastrointestinal complaints (e.g. nausea, vomiting, diarrhoea, constipation), weight gain, sweating, pallor, skin and hypersensitivity reactions such as pruritus, urticaria, exanthema, and photosensitisation, gingival hyperplasia and gingivitis. Rarely (> 0.01% - < 0.1%) leucocytoclastic vasculitis. Very rare and isolated reports (< 0.01%) hepatic function disorders (elevated transaminase levels), exfoliative dermatitis, angioedema and fever, erection disorders, gynaecomastia, myocardial infarction and menorrhagia. **Marketing Authorisation Holder:** Alpharma Limited, Whiddon Valley, BARNSTAPLE, N Devon EX32 8NS. **Product Licence Number:** 5mg PL0142/0541, 10mg PL0142/0542. **Legal Category:** POM. Text revised: May 2002. **Date of Preparation:** January 2004. For full prescribing information, log onto our website www.accessiblemedicine.co.uk/medic/index.htm